

August 2017

Title X Family Planning Annual Report

2016 National Summary



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Family Planning Annual Report: 2016 National Summary

Prepared for

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CONTENTS

Executive Summary	ES-1
1 Introduction	1
Title X National Family Planning Program	1
Family Planning Annual Report.....	1
Report Structure.....	3
2 FPAR Methodology	5
Data Collection.....	5
Data Reporting.....	5
Data Validation.....	5
3 Findings	7
Title X Service Network Profile.....	7
Family Planning User Demographic Profile	8
Total Users (Exhibit 3)	8
Users by Sex (Exhibits 4 and 5)	9
Users by Age (Exhibits 4 and 5).....	9
Users by Race (Exhibits 6 through 14)	12
Users by Ethnicity (Exhibits 6 through 14).....	12
Family Planning User Social and Economic Profile.....	21
Users by Income Level (Exhibit 15)	21
Users by Insurance Coverage Status (Exhibit 16).....	21
Limited English Proficient Users (Exhibit 17).....	24
Primary Contraceptive Method Use.....	27
Female Users by Primary Contraceptive Method (Exhibits 18 through 21)	27
Trends in Female Primary Contraceptive Method Use.....	29
Male Users by Primary Contraceptive Method (Exhibits 22 through 25).....	35
Cervical and Breast Cancer Screening.....	41
Cervical Cancer Screening (Exhibit 26).....	41
Breast Cancer Screening (Exhibit 26).....	41
Sexually Transmitted Disease Testing	43
Chlamydia Testing (Exhibits 27 and 28).....	43
Gonorrhea Testing (Exhibit 29).....	44
Syphilis Testing (Exhibit 29).....	44
Human Immunodeficiency Virus Testing (Exhibit 29)	44

Staffing and Family Planning Encounters.....	49
Clinical Services Provider Staffing (Exhibit 30).....	49
Family Planning Encounters (Exhibit 30).....	49
Revenue	53
Title X Services Grant.....	53
Payment for Services: Client Fees.....	53
Payment for Services: Third-Party Payers.....	53
Other Revenue	54
Revenue per User.....	54
Revenue Trends	60

4 References61

Appendixes

A National Trend Exhibits.....	A-1
B State Exhibits	B-1
C Field and Methodological Notes.....	C-1

Exhibits

1. U.S. Department of Health and Human Services regions.....	2
2. Number of and percentage change in grantees, subrecipients, and service sites, by year and region: 2015–2016 (Source: FPAR Grantee Profile Cover Sheet)	7
3. Number, distribution, and percentage change in number of all family planning users, by year and region: 2015–2016 (Source: FPAR Table 1).....	8
4. Number of all family planning users, by sex, age, and region: 2016 (Source: FPAR Table 1)	10
5. Distribution of all family planning users, by sex, age, and region: 2016 (Source: FPAR Table 1)	11
6. Number and distribution of all family planning users, by race and ethnicity: 2016 (Source: FPAR Tables 2 and 3).....	13
7. Number and distribution of female family planning users, by race and ethnicity: 2016 (Source: FPAR Table 2)	13
8. Number and distribution of male family planning users, by race and ethnicity: 2016 (Source: FPAR Table 3)	13
9. Number of all family planning users, by race, ethnicity, and region: 2016 (Source: FPAR Tables 2 and 3).....	14
10. Distribution of all family planning users, by race, ethnicity, and region: 2016 (Source: FPAR Tables 2 and 3).....	15

11. Number of female family planning users, by race, ethnicity, and region: 2016 (Source: FPAR Table 2)	16
12. Distribution of female family planning users, by race, ethnicity, and region: 2016 (Source: FPAR Table 2)	17
13. Number of male family planning users, by race, ethnicity, and region: 2016 (Source: FPAR Table 3)	18
14. Distribution of male family planning users, by race, ethnicity, and region: 2016 (Source: FPAR Table 3)	19
15. Number and distribution of all family planning users, by income level and region: 2016 (Source: FPAR Table 4).....	22
16. Number and distribution of all family planning users, by principal health insurance coverage status and region: 2016 (Source: FPAR Table 5).....	23
17. Number and distribution of all family planning users, by limited English proficiency (LEP) status and region: 2016 (Source: FPAR Table 6).....	25
18. Number of female family planning users, by primary contraceptive method and age: 2016 (Source: FPAR Table 7).....	30
19. Distribution of female family planning users, by primary contraceptive method and age: 2016 (Source: FPAR Table 7).....	31
20. Number of female family planning users, by primary contraceptive method and region: 2016 (Source: FPAR Table 7).....	32
21. Distribution of female family planning users, by primary contraceptive method and region: 2016 (Source: FPAR Table 7).....	33
22. Number of male family planning users, by primary contraceptive method and age: 2016 (Source: FPAR Table 8).....	36
23. Distribution of male family planning users, by primary contraceptive method and age: 2016 (Source: FPAR Table 8).....	37
24. Number of male family planning users, by primary contraceptive method and region: 2016 (Source: FPAR Table 8).....	38
25. Distribution of male family planning users, by primary contraceptive method and region: 2016 (Source: FPAR Table 8).....	39
26. Cervical and breast cancer screening activities, by screening test or exam and region: 2016 (Source: FPAR Tables 9 and 10)	42
27. Number of family planning users tested for chlamydia, by sex, age, and region: 2016 (Source: FPAR Table 11)	46
28. Percentage of family planning users in each age group tested for chlamydia, by sex, age, and region: 2016 (Source: FPAR Table 11).....	47
29. Number of gonorrhea, syphilis, and HIV tests performed, by test type and region, and number of positive HIV tests, by region: 2016 (Source: FPAR Table 12)	48

30.	Number and distribution of FTE CSP staff, by type of CSP and region, and number and distribution of FP encounters, by type of encounter and region: 2016 (Source: FPAR Table 13)	51
31.	Amount and distribution of Title X project revenues, by revenue source: 2016 (Source: FPAR Table 14)	55
32.	Amount of Title X project revenues, by revenue source and region: 2016 (Source: FPAR Table 14)	58
33.	Distribution of Title X project revenues, by revenue source and region: 2016 (Source: FPAR Table 14)	59
A-1a.	Number of Title X-funded grantees, subrecipients, and service sites, by region and year: 2006-2016.....	A-2
A-1b.	Distribution of Title X-funded grantees, subrecipients, and service sites, by region and year: 2006-2016	A-3
A-1c.	Number of Title X-funded service sites and users per service site, by year: 2006-2016.....	A-4
A-2a.	Number and distribution of all family planning users, by region and year: 2006-2016.....	A-6
A-2b.	Number and distribution of all family planning users, by region and year: 2006-2016.....	A-7
A-3a.	Number and distribution of all family planning users, by age and year: 2006-2016.....	A-8
A-3b.	Number and distribution of all family planning users, by age and year: 2006-2016.....	A-9
A-4a.	Number and distribution of all family planning users, by race and year: 2006-2016.....	A-10
A-4b.	Number and distribution of all family planning users, by race and year: 2006-2016.....	A-11
A-5a.	Number and distribution of all family planning users, by Hispanic or Latino ethnicity (all races) and year: 2006-2016	A-12
A-5b.	Number and distribution of all family planning users, by Hispanic or Latino ethnicity (all races) and year: 2006-2016	A-13
A-6a.	Number and distribution of all family planning users, by Hispanic or Latino ethnicity, race, and year: 2006-2016.....	A-14
A-6b.	Number and distribution of all family planning users, by Hispanic or Latino ethnicity, race, and year: 2006-2016.....	A-15
A-7a.	Number and distribution of all family planning users, by income level and year: 2006-2016.....	A-16
A-7b.	Number and distribution of all family planning users, by income level and year: 2006-2016.....	A-17
A-8a.	Number and distribution of all family planning users, by primary health insurance status and year: 2006-2016.....	A-18

A-8b.	Number and distribution of all family planning users, by primary health insurance status and year: 2006–2016.....	A-19
A-9a.	Number of all female family planning users, by primary contraceptive method and year: 2006–2016.....	A-20
A-9b.	Distribution of all female family planning users, by primary contraceptive method and year: 2006–2016.....	A-21
A-9c.	Number and distribution of all female family planning users, by type of primary contraceptive method and year: 2006–2016.....	A-22
A-10a.	Number and percentage of female users who received a Pap test, number of Pap tests performed, and percentage of Pap tests performed with an ASC or higher result, by year: 2006–2016.....	A-23
A-10b.	Number and percentage of female users who received a Pap test, by year: 2006–2016.....	A-23
A-11a.	Number and percentage of female users under 25 tested for chlamydia, by year: 2006–2016.....	A-24
A-11b.	Number and percentage of female users under 25 tested for chlamydia, by year: 2006–2016.....	A-24
A-12a.	Number of confidential HIV tests performed and number of tests per 10 users (all, female, and male), by year: 2006–2016.....	A-25
A-12b.	Number of confidential HIV tests performed and number of tests per 10 users (all, female, and male), by year: 2006–2016.....	A-25
A-13a.	Actual and adjusted (constant 2016\$ and 2006\$) total, Title X, and Medicaid revenue, by year: 2006–2016.....	A-26
A-13b.	Total, Title X, and Medicaid adjusted (constant 2016\$) revenue, by year: 2006–2016.....	A-27
A-13c.	Total actual (unadjusted) and adjusted (constant 2016\$ and 2006\$) revenue, by year: 2006–2016.....	A-28
A-13d.	Title X actual (unadjusted) and adjusted (constant 2016\$ and 2006\$) revenue, by year: 2006–2016.....	A-29
A-13e.	Medicaid actual (unadjusted) and adjusted (constant 2016\$ and 2006\$) revenue, by year: 2006–2016.....	A-30
A-14a.	Amount of Title X project revenue, by revenue source and year: 2006–2016.....	A-32
A-14b.	Distribution of Title X project revenue, by revenue source and year: 2006–2016.....	A-33
A-14c.	Amount (unadjusted) and distribution of Title X project revenue, by revenue source and year: 2006–2016.....	A-34
B-1.	Number and distribution of all family planning users, by sex and state, and distribution of all users, by state: 2016 (Source: FPAR Table 1).....	B-2
B-2.	Number and distribution of all family planning users, by user income level and state: 2016 (Source: FPAR Table 4).....	B-4

B-3a.	Number and distribution of all family planning users, by insurance status and state: 2016 (Source: FPAR Table 5).....	B-6
B-3b.	Number and distribution of all family planning users in the 50 states and District of Columbia, by insurance status and state according to the states' Medicaid expansion status: 2016 (Source: FPAR Table 5)	B-8
B-4.	Number and distribution of female family planning users at risk of unintended pregnancy, ^a by level of effectiveness of the primary method used or adopted at exit from the encounter and state: 2016 (Source: FPAR Table 7)	B-10
B-5.	Number and percentage of female family planning users under 25 years who were tested for chlamydia, by state: 2016 (Source: FPAR Table 11).....	B-12

Executive Summary

The Title X National Family Planning Program, administered by the U.S. Department of Health and Human Services, Office of Population Affairs (OPA), is the only federal program dedicated solely to supporting the delivery of family planning and related preventive health care. The program is designed to provide contraceptive supplies and information to all who want and need them, with priority given to persons from low-income families. In addition to offering a broad range of effective and acceptable contraceptive methods on a voluntary and confidential basis, Title X-funded service sites provide contraceptive education and counseling; breast and cervical cancer screening; sexually transmitted disease (STD) and human immunodeficiency virus (HIV) testing, referral, and prevention education; and pregnancy diagnosis and counseling.^{1,2} The program is implemented through grants to approximately 90 public health departments and community health, family planning, and other private nonprofit agencies. These grants support delivery of Title X services in almost 4,000 service sites. For many clients, Title X providers are their only ongoing source of health care and health education.³ In fiscal year 2016, the Title X program received approximately \$286.5 million in federal Title X funding.⁴

Annual submission of the Family Planning Annual Report (FPAR)⁵ is required of all Title X service grantees.⁶ The 15-table FPAR provides grantee-level data on the demographic and social characteristics of Title X clients, their use of family planning and related preventive health services, staffing, and revenue. FPAR data have multiple uses, which include monitoring performance and compliance with statutory requirements, fulfilling federal accountability and performance reporting requirements, and guiding strategic and financial planning. In addition, OPA uses FPAR data to respond to inquiries from policy makers and Congress about the program and to estimate the impact of Title X on key reproductive health outcomes.⁵

The purpose of the *Family Planning Annual Report: 2016 National Summary* is to present the national-, regional-, and state-level findings for the 2016 reporting period (calendar year) and trends for selected measures. Below we highlight key findings.

KEY 2016 FPAR FINDINGS

A diverse network of public and private nonprofit health and community service agencies deliver Title X services. In 2016, Title X-funded services were implemented through grants to 91 agencies: 48 (53%) state and local health departments and 43 (47%) nonprofit family planning and community health agencies. Title X funds supported a network of 3,898 service sites operated either by grantees or 1,117 subrecipients in the 50 United States, the District of Columbia, and eight U.S. territories and Freely Associated States.

Title X providers serve a vulnerable population, most of whom are female, low income, and young. In 2016, Title X-funded providers served more than 4.0 million family planning users (i.e., clients) through almost 6.7 million family planning encounters. A *family planning user* is an individual who has at least one family planning encounter at a Title X service site during the reporting period. A *family planning encounter* is a documented, face-to-face

contact between an individual and a family planning provider that includes the delivery of family planning and related preventive health services to avoid unintended pregnancies or achieve intended pregnancies. Nine of every 10 users (89%) were female, 66% were under 30 years of age, and 64% had family incomes at or below the poverty level (\$24,300 for a family of four in the 48 contiguous states and DC).⁷ More than 7 of every 10 (72% or 2.9 million) family planning users received Title X services in 1 of 32 states (includes the District of Columbia) that expanded Medicaid; the remaining 28% (or 1.1 million users) received care in one of the 19 states that had not.

Title X providers are a critical source of high-quality and affordable reproductive health care for individuals with and without health insurance. In 2016, the percentage of users who were insured (55%) exceeded the percentage who were uninsured (43%). This is the second consecutive year, since OPA began collecting insurance data in 2005, that the percentage insured has exceeded the percentage uninsured. Although the increase in health insurance coverage signals greater access to health care for Title X clients, the percentage of Title X users that were uninsured (43%) in 2016 is more than triple the national rate for adults (12%).⁸ Among insured users, 68% had coverage through Medicaid or other public sources and 32% had private coverage. Coverage through public sources was substantially higher in states that expanded Medicaid (41%) than in those that had not (27%). Title X fee policies that reduce financial barriers to care remain an important safeguard to protect access for users who are not eligible for or cannot afford health insurance coverage or who seek confidential services.

Title X providers serve a racially and ethnically diverse population. Of the 4.0 million family planning users served in 2016, 30% self-identified with at least one of the nonwhite Office of Management and Budget⁹ race categories (black or African American, Asian, Native Hawaiian or Pacific Islander, American Indian or Alaska Native, or more than one race), 32% self-identified as Hispanic or Latino, and 13% were limited English proficient.

Title X providers offer clients a broad range of effective, medically safe contraceptive methods approved by the U.S. Food and Drug Administration. In 2016, 80% (2.8 million) of *all* female users exited their last encounter in the reporting period with a *most effective* (vasectomy, female sterilization, implant, or IUD), *moderately effective* (injectable contraception, vaginal ring, contraceptive patch, pills, diaphragm, or cervical cap), or *less effective* (male condom, female condom, sponge, withdrawal, a fertility awareness-based method [FAM], or spermicide used alone) contraceptive method.¹⁰ Nine percent (321,706) of all female users exited the encounter with no primary method because they were either pregnant or seeking pregnancy. Among the 3.1 million female clients *at risk of unintended pregnancy* (not pregnant, not seeking pregnancy, or abstinent), 70% (2.2 million) exited the encounter with either a most (19%) or moderately effective (51%) contraceptive method.

Title X providers deliver male-focused family planning and reproductive health services to a growing number of male clients. In 2016, 11% (454,534) of all Title X users were men, a number that has grown by 67% since 2006. Most male users were in their 20s (44%) or 30s (22%), and 76% (345,298) adopted or continued use of condoms or another contraceptive method at exit from their last encounter. In addition, Title X providers tested 66% (299,362) of all male users for chlamydia and provided testing for several other STDs, including

gonorrhea (7.2 tests per 10 male users), HIV (5.7 tests per 10 male users), and syphilis (3.3 tests per 10 male users).

Title X-funded cervical and breast cancer screening services contribute to early detection and treatment. In 2016, Title X providers conducted Papanicolaou (Pap) testing on 19% (687,373) of female users. Fourteen percent of 720,215 Pap tests performed had an indeterminate or abnormal result requiring further evaluation and possible treatment. In addition, providers performed clinical breast exams on 26% (919,202) of female users and referred 4% of those examined for further evaluation based on abnormal findings.

Title X-funded STD and HIV services prevent transmission and adverse health consequences. In 2016, Title X providers tested 61% (953,273) of female users under 25 for chlamydia. Providers also performed 2.3 million gonorrhea tests (5.8 tests per 10 users), 1.2 million confidential HIV tests (2.9 tests per 10 users), and 635,842 syphilis tests (1.6 tests per 10 users). Of the confidential HIV tests performed, 2,824 were positive for HIV.

A variety of qualified health providers deliver Title X-funded clinical services. In 2016, 3,550 full-time equivalent (FTE) clinical services providers (CSPs) delivered Title X-funded care. Nurse practitioners, certified nurse midwives, and physician assistants accounted for 71% of total CSP FTEs, followed by physicians (22%) and registered nurses with an expanded scope of practice (7%). A CSP attended 74% of the 6.7 million family planning encounters in 2016.

Title X projects rely on revenue from a variety of public and private sources. In 2016, Title X grantees reported total project revenue of \$1.31 billion to support their approved Title X services projects. Six sources accounted for 87% of total revenue: Medicaid/Children's Health Insurance Program (CHIP) (39%, or \$505.5 million), Title X (19%, or \$245.1 million), state governments (10%, or \$133.5 million), private third-party payers (10%, or \$132.6 million), local governments (5%, or \$66.6 million), and client service fees (4%, or \$52.9 million).

Title X project revenue experienced a modest increase after five consecutive years of decline. In 2016, Title X projects reported a net increase of almost \$14.0 million (2016 constant dollars) in total revenue compared with 2015. Gains totaling \$55.0 million from five sources—private third-party payers (\$24.7 million), state governments (\$9.0 million), client service fees (\$3.2 million), Temporary Assistance for Needy Families (TANF) (\$2.2 million), and miscellaneous other sources (\$15.9 million)—offset losses totaling \$41.0 million from Medicaid/CHIP (\$16.7 million), local governments (\$9.1 million), Title X (\$6.7 million), Medicare or other public third-party payers (\$5.2 million), and block grants (\$3.3 million). Despite this single-year increase, 2016 total revenue was \$239 million (15%) lower than in 2010, and the decline in revenue from the program's two major sources, Medicaid/CHIP and Title X, continued. Compared with 2010, in 2016, revenue from Title X was \$88.3 million (26%) lower and Medicaid/CHIP was \$70.1 million (12%) lower.

The FPAR data for 2016, and over time, show that Title X providers continue to make important gains in delivering high-quality, evidence-based contraceptive and related preventive care to a vulnerable population. While declining revenue over time has resulted in fewer funded health centers and users, trends in the use of most and moderately effective

contraceptive methods, as well as cervical cancer screening and chlamydia testing, demonstrate the program's continued dedication to delivering services that meet the highest national standards. This dedication to service quality is matched by efforts to respond to health system changes and to increase the efficiency and financial sustainability of service operations through investments in health information technology and revenue diversification.

1 Introduction

TITLE X NATIONAL FAMILY PLANNING PROGRAM

The National Family Planning Program, created in 1970 and authorized under Title X of the Public Health Service Act,¹¹ is administered by the Office of Population Affairs (OPA), Office of the Assistant Secretary for Health (OASH), within the U.S. Department of Health and Human Services (HHS). The Title X program is the only federal program dedicated solely to the provision of family planning and related preventive health care. The program is designed to provide contraceptive supplies and information to all who want and need them, with priority given to persons from low-income families. In addition to offering a broad range of effective and acceptable contraceptive methods on a voluntary and confidential basis, Title X-funded centers provide contraceptive education and counseling; breast and cervical cancer screening; sexually transmitted disease (STD) and human immunodeficiency virus (HIV) testing, referral, and prevention education; and pregnancy diagnosis and counseling.^{1,2} By law, Title X funds cannot be used in programs where abortion is a method of family planning.^{1,2} The program is implemented through grants to approximately 90 public health departments and community health, family planning, and other private nonprofit agencies. These grants support delivery of Title X services in almost 4,000 sites. For many clients, Title X providers are their only ongoing source of health care and health education.³ In fiscal year 2016, the Title X program received approximately \$286.5 million in federal Title X funding.⁴

The HHS Regional Offices monitor the performance of the Title X grantees in their respective regions (see *Exhibit 1*), with overall program oversight from OPA.

FAMILY PLANNING ANNUAL REPORT

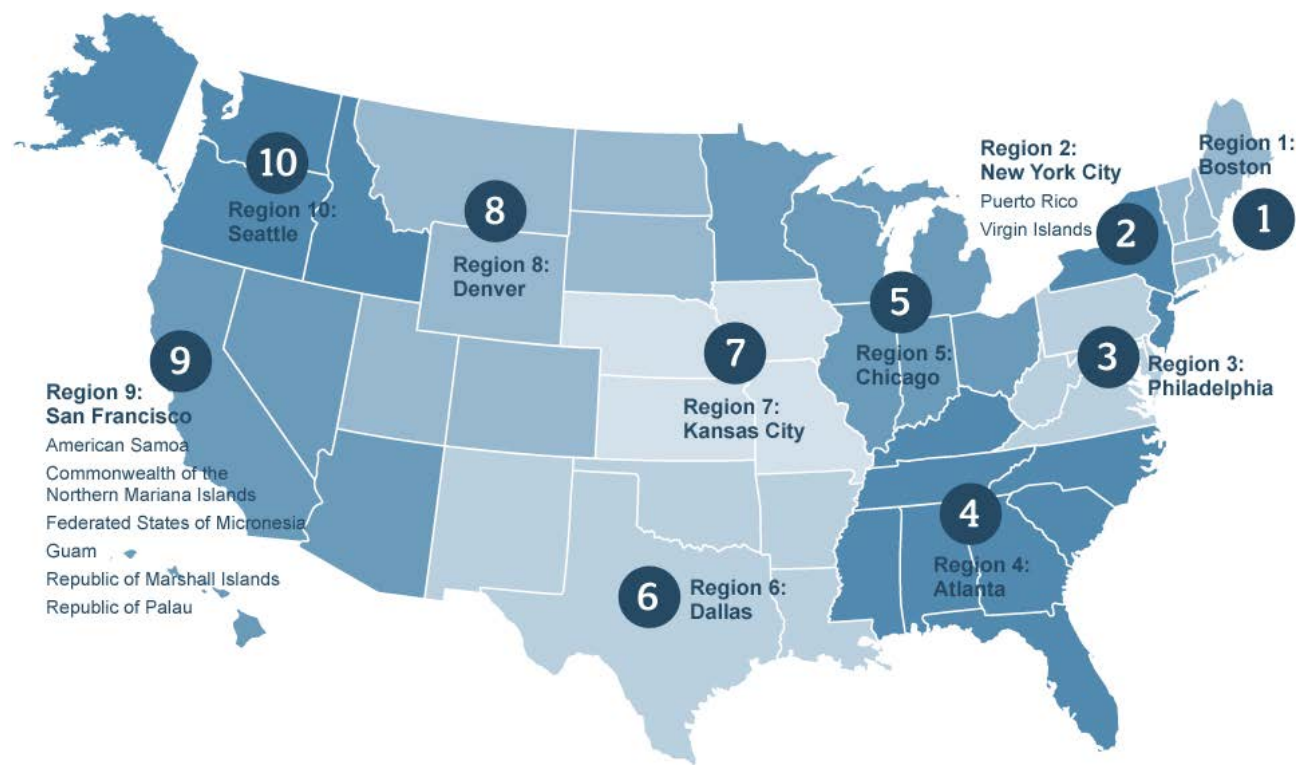
The Family Planning Annual Report (FPAR)⁵ is the only source of uniform reporting by all Title X services grantees. The FPAR provides consistent, national-level data on program users, service providers, utilization of family planning and related preventive health services, and sources of program revenue. Annual submission of the FPAR is required of all Title X services grantees for purposes of monitoring and reporting program performance.⁶ The FPAR data are presented in summary form to protect the confidentiality of the persons who receive Title X-funded services.²

Title X administrators and grantees use FPAR data to

- monitor compliance with statutory requirements;
- comply with accountability and federal performance reporting requirements for Title X family planning funds, including but not limited to the Government Performance and Results Modernization Act and the Office of Management and Budget (OMB);
- guide strategic and financial planning and respond to inquiries from policy makers and Congress about the program; and

- estimate the impact of Title X-funded activities on key reproductive health outcomes, including prevention of unintended pregnancy, infertility, and invasive cervical cancer.⁵

Exhibit 1. U.S. Department of Health and Human Services regions



The 10 HHS regions (and regional office locations) are as follows:

- **Region I (Boston, MA)**—Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont
- **Region II (New York, NY)**—New Jersey, New York, Puerto Rico, and the U.S. Virgin Islands
- **Region III (Philadelphia, PA)**—Delaware; Maryland; Pennsylvania; Virginia; Washington, DC; and West Virginia
- **Region IV (Atlanta, GA)**—Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee
- **Region V (Chicago, IL)**—Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin
- **Region VI (Dallas, TX)**—Arkansas, Louisiana, New Mexico, Oklahoma, and Texas
- **Region VII (Kansas City, MO)**—Iowa, Kansas, Missouri, and Nebraska
- **Region VIII (Denver, CO)**—Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

- **Region IX (San Francisco, CA)**—Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of the Marshall Islands, and Republic of Palau
- **Region X (Seattle, WA)**—Alaska, Idaho, Oregon, and Washington

REPORT STRUCTURE

The *Family Planning Annual Report: 2016 National Summary* presents data for the 91 Title X services grantees that submitted an FPAR report for the 2016 reporting period (January 1, 2016, through December 31, 2016). The *National Summary* has four sections:

- **Section 1—Introduction**—describes the Title X National Family Planning Program and the role of FPAR data in managing and monitoring the performance of the Title X program.
- **Section 2—FPAR Methodology**—describes the procedures for collecting, reporting, and validating FPAR data and presents the definitions for key FPAR terms.
- **Section 3—Findings**—presents the results for each FPAR table and includes a discussion of national and regional patterns and trends for selected indicators. **Section 3** also includes definitions for table-specific FPAR terms and reporting guidance.
- **Section 4—References**—is a list of *National Summary* references.

Additional data for the *National Summary* are included in three appendices: *Appendix A* presents trend data for selected indicators for 2006 through 2016. *Appendix B* presents 2016 data for selected indicators by state, which includes the 50 states, the District of Columbia, and the eight U.S. territories and Freely Associated States (American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Puerto Rico, Republic of the Marshall Islands, Republic of Palau, and the U.S. Virgin Islands). The *Appendix B* exhibits present information on the number and distribution of Title X family planning users served by sex, income level, health insurance coverage status (overall and by Medicaid expansion status), contraceptive use, and chlamydia testing. *Appendix C* presents general and table-specific notes about the data presented in this report.

Note:

Due to rounding, percentages cited in text may not match summed percentages from the exhibits.

Key Terms and Definitions for FPAR Reporting

Family Planning User—A family planning user is an individual who has at least one family planning encounter at a Title X service site during the reporting period. The same individual may be counted as a family planning user only once during a reporting period.

Family Planning Provider—A family planning provider is the individual who assumes primary responsibility for assessing a client and documenting services in the client record. Providers include those agency staff who exercise independent judgment as to the services rendered to the client during an encounter. Two general types of providers deliver Title X family planning services: clinical services providers and other services providers.

CLINICAL SERVICES PROVIDERS—Include physicians (family and general practitioners, specialists), physician assistants, nurse practitioners, certified nurse midwives, and registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform *all aspects* of the user (male and female) physical assessments recommended for contraceptive, related preventive health, and basic infertility care. Clinical Services Providers are able to offer client education, counseling, referral, followup, and clinical services (physical assessment, treatment, and management) relating to a client's proposed or adopted method of contraception, general reproductive health, or infertility treatment, in accordance with the *Program Guidelines*.¹²

OTHER SERVICES PROVIDERS—Include other agency staff (e.g., registered nurses, public health nurses, licensed vocational or licensed practical nurses, certified nurse assistants, health educators, social workers, or clinic aides) that offer client education, counseling, referral, or followup services relating to the client's proposed or adopted method of contraception, general reproductive health, or infertility treatment, as described in the *Program Guidelines*.¹² Other Services Providers may also perform or obtain samples for routine laboratory tests (e.g., urine, pregnancy, STD, and cholesterol and lipid analysis), give contraceptive injections (e.g., Depo-Provera), and perform routine clinical procedures that may include some aspects of the user physical assessment (e.g., blood pressure evaluation), in accordance with the *Program Guidelines*.¹²

Family Planning Encounter—A family planning encounter is a documented, face-to-face contact between an individual and a family planning provider that takes place in a Title X service site. The purpose of a family planning encounter—whether clinical or nonclinical—is to provide family planning and related preventive health services to female and male clients who want to avoid unintended pregnancies or achieve intended pregnancies. To be counted for purposes of the FPAR, a written record of the services provided during the family planning encounter must be documented in the client record. Laboratory tests and related counseling and education, in and of themselves, do not constitute a family planning encounter unless there is face-to-face contact between the client and provider, the provider documents the encounter in the client's record, and the tests are accompanied by family planning counseling or education.

There are two types of family planning encounters at Title X service sites: (1) family planning encounters with a Clinical Services Provider and (2) family planning encounters with an Other Services Provider. The type of family planning provider who renders the care, regardless of the services rendered, determines the type of family planning encounter. Although a client may meet with both clinical and other services providers during an encounter, the provider with the highest level of training who takes ultimate responsibility for the client's clinical or nonclinical assessment and care during the visit is credited with the encounter.

Family Planning Service Site—A family planning service site refers to an established unit where grantee or subrecipient agency staff provide Title X services (clinical, counseling, educational, or referral) that comply with *Title X Program Guidelines*¹² and where at least some of the encounters between the family planning providers and the individuals served meet the requirements of a family planning encounter. Established units include clinics, hospital outpatient departments, homeless shelters, detention and correctional facilities, and other locations where Title X agency staff provide these family planning services. Service sites may also include equipped mobile vans or schools.

Client Records—Title X projects must establish a medical record for every client who is counted as a Title X user, including but not limited to those who obtain clinical services or other screening or laboratory services (e.g., blood pressure check, urine-based pregnancy, or STD test). The medical record contains personal data; a medical history; physical exam data; laboratory test orders, results, and followup; treatment and special instructions; scheduled revisits; informed consent forms; documentation of refusal of services; and information on allergies and untoward reactions to identified drug(s). The medical record also contains clinical findings; diagnostic and therapeutic orders; and documentation of continuing care, referral, and followup. The medical record allows for entries by counseling and social service staff. The medical record is a confidential record, accessible only to authorized staff and secured by lock when not in use. The client medical record must contain sufficient information to identify the client, indicate where and how the client can be contacted, justify the clinical impression or diagnosis, and warrant the treatment and end results. If a family planning user receives no clinical services, the provider still must establish a client record that enables the site to complete the required FPAR data reporting.

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued October 2016), pp. 7–10.

2

FPAR Methodology

DATA COLLECTION

The *Title X Family Planning Annual Report (FPAR): Forms and Instructions* (Reissued October 2016)⁵ consists of 15 reporting tables. The FPAR instructions provide definitions for key FPAR terms to ensure uniform reporting by Title X grantees. The key terms describe the individuals receiving family planning and related preventive health services at Title X-funded service sites, the range and scope of the services provided, and the family planning providers that render care.

Throughout this report, we present the instructions for preparing each FPAR table alongside the table-specific findings. In addition, we use the term “table” when referring to an FPAR reporting table and “exhibit” when referring to the tabular presentation of the 2016 findings. Each exhibit identifies the FPAR table that is the source for the data presented.

DATA REPORTING

Title X services grantees are required to submit the FPAR by February 15 for the recently completed reporting period (January 1 to December 31). In February 2017, 91 grantees submitted FPARs for the 2016 reporting period. Ninety-three percent of FPARs (85 reports) were submitted by the due date, and all were submitted using the web-based *FPAR Data System* (<https://fpar.opa.hhs.gov/>).

DATA VALIDATION

FPAR data undergo both electronic and manual validations prior to tabulation. During data entry, the *FPAR Data System* performs a set of automated validation procedures that ensure consistency within and across tables. These validation procedures include calculation of row and column totals and cross-table comparisons of selected cell values. Each validation procedure is based on a validation rule that defines which table cells to compare and what condition or validation test to apply.

After a grantee submits an FPAR, it goes through two levels of review by HHS staff. First, HHS regional staff review the FPAR and either accept it or return it to the grantee for correction or clarification. Once the HHS regional staff accept the FPAR, the FPAR Data Coordinator performs a second and final review, either accepting the FPAR or returning it to the HHS regional staff and the grantee for correction or clarification. When the FPAR Data Coordinator has accepted all FPARs, RTI International extracts the FPAR data from the *FPAR Data System* database and performs further electronic validations to identify potential reporting errors and problems, including missing and out-of-range values for selected measures (e.g., STD test-to-user ratios). RTI also performs a manual review of all comments entered into the FPAR table “Note” fields.

RTI summarizes the results of the electronic and manual validations in a grantee-specific report, compiled by region, which RTI sends to the FPAR Data Coordinator for followup and resolution. Once HHS staff and grantees address all outstanding validation issues in the *FPAR Data System*, RTI extracts the final data file for tabulation and analysis.

Guidance for Reporting User Demographic Profile Data in FPAR Tables 1 through 3

In FPAR **Tables 1, 2, and 3**, grantees report information on the demographic profile of family planning users, including age and sex (**Table 1**) and race and ethnicity (**Tables 2 and 3**).

In FPAR **Table 1**, grantees report the unduplicated number of family planning users by age group and sex, categorizing the users based on their age as of June 30 of the reporting period.

In FPAR **Tables 2 and 3**, grantees report the unduplicated number of female (**Table 2**) and male (**Table 3**) family planning users by race and ethnicity. The FPAR instructions provide the following guidance for reporting this information:

Race and Ethnicity—The categories for reporting ethnicity and race in the FPAR conform to the Office of Management and Budget (OMB) 1997 *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity*⁹ and are used by other HHS programs and compilers of such national data sets as the National Survey of Family Growth. If an agency wants to collect data for ethnicity or race subcategories, the agency must be able to aggregate the data reported into the OMB minimum standard set of ethnicity and race categories. OMB encourages self-identification of race. When respondents are allowed to self-identify or self-report their race, agencies should adopt a method that allows respondents to mark or select more than one of the five minimum race categories.

The two minimum OMB categories for reporting ethnicity are as follows:

Hispanic or Latino (All Races)—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Not Hispanic or Latino (All Races)—A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The five minimum OMB categories for reporting race are as follows:

American Indian or Alaska Native—A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Asian—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American—A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued October 2016), pp. 15–17, A-1–A-2.

3 Findings

TITLE X SERVICE NETWORK PROFILE

In 2016, Title X-funded services were implemented through grants to 91 agencies: 48 (53%) state and local health departments and 43 (47%) nonprofit family planning and community health agencies. This funding supported a service network that included 1,117 subrecipients (subcontractors) and 3,898 service sites in the 50 United States, the District of Columbia, and the eight U.S. territories and Freely Associated States (*Exhibit 2*).

Compared with 2015, in 2016 the Title X program had the same number of grantees (91 in 2016 and 2015), 64 fewer subrecipients (1,117 vs. 1,181), and 53 fewer service sites (3,898 vs. 3,951). All but one region (IV) reported a decrease in subrecipients, while five regions (II, III, IV, V, and VI) reported a decrease in service sites (*Exhibit 2*).

Exhibit 2. Number of and percentage change in grantees, subrecipients, and service sites, by year and region: 2015–2016 (Source: FPAR Grantee Profile Cover Sheet)

Network Feature	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Grantees											
2016	91	11	6	10	9	11	7	5	6	18	8
2015	91	11	6	10	10	12	6	5	6	17	8
Difference	0	0	0	0	-1	-1	1	0	0	1	0
% Change	0%	0%	0%	0%	-10%	-8%	17%	0%	0%	6%	0%
Subrecipients											
2016	1,117	69	68	223	281	118	41	92	68	99	58
2015	1,181	71	70	316	226	122	47	94	74	102	59
Difference	-64	-2	-2	-93	55	-4	-6	-2	-6	-3	-1
% Change	-5%	-3%	-3%	-29%	24%	-3%	-13%	-2%	-8%	-3%	-2%
Service Sites											
2016	3,898	225	244	640	914	374	425	221	180	469	206
2015	3,951	224	247	648	936	383	457	218	177	461	200
Difference	-53	1	-3	-8	-22	-9	-32	3	3	8	6
% Change	-1%	0%†	-1%	-1%	-2%	-2%	-7%	1%	2%	2%	3%

Since 2006, the change in the number of grantees and subrecipients has been smaller than the change in the number of service sites. Compared with 2006, in 2016, there was a 3% increase in the number of grantees (91 in 2016 vs. 88 in 2006), a 7% decrease in the number of subrecipients (1,117 vs. 1,195), and a 13% decrease in the number of service sites (3,898 vs. 4,480). *Exhibits A-1a, A-1b, and A-1c* in *Appendix A* present trends (2006–2016) in the number of grantees, subrecipients, and service sites by region.

FAMILY PLANNING USER DEMOGRAPHIC PROFILE

Total Users (Exhibit 3)

In 2016, Title X-funded sites served over 4.0 million family planning users. Grantees in Region IX served 28% of Title X users; those in Regions II, III, IV, V, and VI each served between 8% and 17%; and those in Regions I, VII, VIII, and X served between 3% and 5%. The number of users served in 2016 was 0.3% (or 10,463 users) lower than in 2015. Region IX reported the largest numeric decline in users (by 43,347 users). Five regions reported client losses ranging from 1,006 (I) to 11,737 (VI), and four others reported gains of between 95 (V) and 45,167 (III) (*Exhibit 3*). On average, the number of users per service site increased by 11, from 1,017 in 2015 to 1,028 in 2016 (*Exhibit A-1c*).

In 2016, the number of family planning users served (4.0 million) was 20% (or 986,726 users) lower than the number served in 2006 (5.0 million) and 23% (or 1.2 million) lower than the highest number of users (5.2 million) ever served by the program in 2010 (*Exhibits A-2a and A-2b*).

Exhibit 3. Number, distribution, and percentage change in number of all family planning users, by year and region: 2015–2016 (Source: FPAR Table 1)

Users	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Number											
2016	4,007,552	183,383	428,146	477,585	669,743	390,541	334,933	135,907	124,021	1,102,836	160,457
2015	4,018,015	184,389	431,060	432,418	660,156	390,446	346,670	140,055	131,031	1,146,183	155,607
Difference	-10,463	-1,006	-2,914	45,167	9,587	95	-11,737	-4,148	-7,010	-43,347	4,850
% Change	0%†	-1%	-1%	10%	1%	0%†	-3%	-3%	-5%	-4%	3%
Distribution											
2016	100%	5%	11%	12%	17%	10%	8%	3%	3%	28%	4%
2015	100%	5%	11%	11%	16%	10%	9%	3%	3%	29%	4%

Note: Due to rounding, percentages may not sum to 100%.

† Percentage change is greater than -0.5% and less than 0.5%.

Users by Sex (Exhibits 4 and 5)

Of the 4.0 million family planning users served in 2016, 89% (3.6 million) were female and 11% (454,534) were male (*Exhibits 4 and 5*).

- By **region**, 84% (VIII) to 92% (X) of total users were female (*Exhibits 4 and 5*).
- By **state**, the percentage of total users who were female ranged from 71% to 100% (*Exhibit B-1 in Appendix B*).

From 2006 to 2016, the percentage of users who were female declined from 95% to 89%, while the percentage of users who were male grew from 5% to 11%. Numerically, the number of female users decreased 25%, from 4.7 million in 2006 to 3.6 million in 2016, while the number of male users grew 67%, from 272,409 in 2006 to 454,534 in 2016 (*Exhibits A-2a and A-2b*).

Users by Age (Exhibits 4 and 5)

In 2016, 18% (707,401) of family planning users were under 20, 48% (1.9 million) were 20 to 29, and 34% (1.4 million) were 30 or older. About the same percentages of female and male users were in their teens (18% vs. 17%). A slightly higher percentage of female (48%) than male (44%) users was in their 20s, while a slightly higher percentage of male (39%) than female (34%) users was 30 or over (*Exhibits 4 and 5*).

- By **region**, there was more variation in the age distribution of male than female users.
 - Among female users, 15% (II) to 24% (VIII) were in their teens, 44% (III) to 52% (IX) were in their 20s, and 28% (VIII) to 37% (III and VI) were 30 or over.
 - Among male users, 10% (X) to 26% (III) of male users were in their teens, 29% (IV) to 55% (V) were in their 20s, and 31% (II) to 49% (IV) were 30 or over.

Since 2006, the percentage of family planning users under 25 decreased 14 points, from 58% (2006) to 44% (2016), with users under 20 accounting for most of this decline (26% in 2006 vs. 18% in 2016) (*Exhibits A-3a and A-3b*).

- Numerically, the number of teenage users decreased 45%, from 1.3 million (2006) to 707,401 (2016), while the number of users 20 to 24 decreased 34%, from 1.6 million (2006) to 1.0 million (2016).
- In contrast, the percentage of users 25 or over increased from 42% (2006) to 56% (2016). Numerically, this represents a 6% increase, from 2.1 million users (2006) to 2.3 million (2016).

Exhibit 4. Number of all family planning users, by sex, age, and region: 2016 (Source: FPAR Table 1)

Age Group (Years)	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female Users											
Under 15	41,728	2,475	2,836	8,808	11,792	3,126	3,408	1,442	1,499	4,870	1,472
15 to 17	247,696	13,438	23,000	31,608	43,409	25,995	21,824	9,953	9,620	54,715	14,134
18 to 19	341,525	15,000	32,988	37,669	55,731	36,471	28,726	12,810	13,544	92,064	16,522
20 to 24	936,882	37,641	100,315	94,314	149,446	99,538	74,615	31,515	30,888	278,378	40,232
25 to 29	781,383	32,854	90,342	84,451	129,845	77,564	63,120	24,955	19,742	226,492	32,018
30 to 34	512,394	22,414	60,888	60,048	90,992	47,216	47,359	17,783	12,619	133,055	20,020
35 to 39	321,162	14,318	37,401	39,697	58,007	27,697	32,064	11,512	8,052	80,476	11,938
40 to 44	187,590	9,309	21,018	23,865	31,600	14,721	17,620	6,867	4,515	51,429	6,646
Over 44	182,658	9,357	18,610	30,139	34,923	11,630	13,495	7,388	3,805	48,296	5,015
Subtotal	3,553,018	156,806	387,398	410,599	605,745	343,958	302,231	124,225	104,284	969,775	147,997
Male Users											
Under 15	16,921	1,245	913	5,158	6,535	531	527	141	409	1,411	51
15 to 17	27,803	3,031	2,645	6,787	4,062	1,687	1,541	645	1,161	5,726	518
18 to 19	31,728	1,949	3,346	5,369	3,277	3,251	2,684	1,000	1,465	8,718	669
20 to 24	106,189	5,695	11,566	12,645	9,552	13,591	7,794	3,389	5,117	34,093	2,747
25 to 29	95,538	5,145	9,628	10,098	9,260	11,833	6,786	2,649	4,353	32,990	2,796
30 to 34	60,179	3,368	5,581	6,801	6,839	6,754	4,531	1,547	2,787	19,864	2,107
35 to 39	37,946	2,202	2,866	4,710	5,635	3,694	3,165	940	1,780	11,574	1,380
40 to 44	23,734	1,463	1,554	3,269	4,603	2,009	1,827	519	991	6,716	783
Over 44	54,496	2,479	2,649	12,149	14,235	3,233	3,847	852	1,674	11,969	1,409
Subtotal	454,534	26,577	40,748	66,986	63,998	46,583	32,702	11,682	19,737	133,061	12,460
All Users											
Under 15	58,649	3,720	3,749	13,966	18,327	3,657	3,935	1,583	1,908	6,281	1,523
15 to 17	275,499	16,469	25,645	38,395	47,471	27,682	23,365	10,598	10,781	60,441	14,652
18 to 19	373,253	16,949	36,334	43,038	59,008	39,722	31,410	13,810	15,009	100,782	17,191
20 to 24	1,043,071	43,336	111,881	106,959	158,998	113,129	82,409	34,904	36,005	312,471	42,979
25 to 29	876,921	37,999	99,970	94,549	139,105	89,397	69,906	27,604	24,095	259,482	34,814
30 to 34	572,573	25,782	66,469	66,849	97,831	53,970	51,890	19,330	15,406	152,919	22,127
35 to 39	359,108	16,520	40,267	44,407	63,642	31,391	35,229	12,452	9,832	92,050	13,318
40 to 44	211,324	10,772	22,572	27,134	36,203	16,730	19,447	7,386	5,506	58,145	7,429
Over 44	237,154	11,836	21,259	42,288	49,158	14,863	17,342	8,240	5,479	60,265	6,424
Total All Users	4,007,552	183,383	428,146	477,585	669,743	390,541	334,933	135,907	124,021	1,102,836	160,457

Exhibit 5. Distribution of all family planning users, by sex, age, and region: 2016 (Source: FPAR Table 1)

Age Group (Years)	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female Users											
Under 15	1%	2%	1%	2%	2%	1%	1%	1%	1%	1%	1%
15 to 17	7%	9%	6%	8%	7%	8%	7%	8%	9%	6%	10%
18 to 19	10%	10%	9%	9%	9%	11%	10%	10%	13%	9%	11%
20 to 24	26%	24%	26%	23%	25%	29%	25%	25%	30%	29%	27%
25 to 29	22%	21%	23%	21%	21%	23%	21%	20%	19%	23%	22%
30 to 34	14%	14%	16%	15%	15%	14%	16%	14%	12%	14%	14%
35 to 39	9%	9%	10%	10%	10%	8%	11%	9%	8%	8%	8%
40 to 44	5%	6%	5%	6%	5%	4%	6%	6%	4%	5%	4%
Over 44	5%	6%	5%	7%	6%	3%	4%	6%	4%	5%	3%
Subtotal	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Male Users											
Under 15	4%	5%	2%	8%	10%	1%	2%	1%	2%	1%	0%†
15 to 17	6%	11%	6%	10%	6%	4%	5%	6%	6%	4%	4%
18 to 19	7%	7%	8%	8%	5%	7%	8%	9%	7%	7%	5%
20 to 24	23%	21%	28%	19%	15%	29%	24%	29%	26%	26%	22%
25 to 29	21%	19%	24%	15%	14%	25%	21%	23%	22%	25%	22%
30 to 34	13%	13%	14%	10%	11%	14%	14%	13%	14%	15%	17%
35 to 39	8%	8%	7%	7%	9%	8%	10%	8%	9%	9%	11%
40 to 44	5%	6%	4%	5%	7%	4%	6%	4%	5%	5%	6%
Over 44	12%	9%	7%	18%	22%	7%	12%	7%	8%	9%	11%
Subtotal	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
All Users											
Under 15	1%	2%	1%	3%	3%	1%	1%	1%	2%	1%	1%
15 to 17	7%	9%	6%	8%	7%	7%	7%	8%	9%	5%	9%
18 to 19	9%	9%	8%	9%	9%	10%	9%	10%	12%	9%	11%
20 to 24	26%	24%	26%	22%	24%	29%	25%	26%	29%	28%	27%
25 to 29	22%	21%	23%	20%	21%	23%	21%	20%	19%	24%	22%
30 to 34	14%	14%	16%	14%	15%	14%	15%	14%	12%	14%	14%
35 to 39	9%	9%	9%	9%	10%	8%	11%	9%	8%	8%	8%
40 to 44	5%	6%	5%	6%	5%	4%	6%	5%	4%	5%	5%
Over 44	6%	6%	5%	9%	7%	4%	5%	6%	4%	5%	4%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Female Users	89%	86%	90%	86%	90%	88%	90%	91%	84%	88%	92%
Male Users	11%	14%	10%	14%	10%	12%	10%	9%	16%	12%	8%

Note: Due to rounding, percentages may not sum to 100%.

† Percentage is less than 0.5%.

Users by Race (Exhibits 6 through 14)

In 2016, 54% (2.2 million) of all family planning users identified themselves as white, 21% (859,886) as black or African American, 3% (135,555) as Asian, and 1% as either Native Hawaiian or Other Pacific Islander (35,479) or American Indian or Alaska Native (33,467). Four percent (142,564) of all users self-identified with two or more of the five minimum race categories specified by OMB,⁹ and race was either unknown or not reported for 16% (625,768) (*Exhibit 6*).

- By **sex**, the racial composition of female (*Exhibits 7, 11, and 12*) and male users (*Exhibits 8, 13, and 14*) differed slightly in terms of the percentages in each group that self-identified as white (55% of female users vs. 50% of male users) and black or African American (21% vs. 27%). The distribution of users across the remaining race categories and for whom race was unknown was within one percentage point for female and male users.
- By **region**, the distribution of users by race varied widely (*Exhibits 9 and 10*). The percentage of users who self-identified as white ranged from 44% (II) to 76% (VIII), 4% (X) to 38% (IV) self-identified as black or African American, 1% (IV and VI) to 6% (IX) self-identified as Asian, and 2% (III, IV, VI, VII, and VIII) to 8% (I) self-identified with two or more race categories.
- Of the 625,768 users with an unknown race, 73% self-identified as Hispanic or Latino (*Exhibits 7 and 8*).

In 2016, the percentage distribution of family planning users by race showed little change compared with 2006, except in the percentage of users who self-identified as white (65% in 2006 vs. 54% in 2016) or for whom race was unknown (9% in 2006 vs. 16% in 2016) (*Exhibits A-4a and A-4b*).

Users by Ethnicity (Exhibits 6 through 14)

In 2016, 32% (1.3 million) of users identified themselves as Hispanic or Latino (*Exhibit 6*).

- By **sex**, 32% (1.2 million) of female users and 26% (117,877) of male users self-identified as Hispanic or Latino, while ethnicity was unknown for 3% of female users and 5% of male users (*Exhibits 7 and 8*).
- By **region**, grantees in Regions II, VI, and IX reported the highest percentages of female (39% to 50%) and male (34% to 42%) users who self-identified as Hispanic or Latino (*Exhibits 11, 12, 13, and 14*).

In 2016, the percentage of users who self-identified as Hispanic or Latino was 32% compared with 25% in 2006. Numerically, the number of Hispanic or Latino users grew 4%, from 1.2 million in 2006 to 1.3 million in 2016. *Exhibits A-5a and A-5b*. *Exhibits A-6a and A-6b* present trends (2006–2016) in the number and distribution of total users by combined ethnicity and race categories.

Exhibit 6. Number and distribution of all family planning users, by race and ethnicity: 2016
(Source: FPAR Tables 2 and 3)

Race	Hispanic or Latino	Not Hispanic or Latino	Ethnicity UK/NR	Total	% Hispanic or Latino	% Not Hispanic or Latino	% Ethnicity UK/NR	% Total
Am Indian/Alaska Native	10,890	21,690	887	33,467	0%†	1%	0%†	1%
Asian	6,175	124,233	5,147	135,555	0%†	3%	0%†	3%
Black/African American	34,185	806,815	18,886	859,886	1%	20%	0%†	21%
Nat Hawaiian/Pac Island	6,373	28,302	804	35,479	0%†	1%	0%†	1%
White	675,189	1,445,887	53,757	2,174,833	17%	36%	1%	54%
More than one race	78,915	58,545	5,104	142,564	2%	1%	0%†	4%
Unknown/not reported	458,261	115,270	52,237	625,768	11%	3%	1%	16%
Total All Users	1,269,988	2,600,742	136,822	4,007,552	32%	65%	3%	100%

Am Indian/Alaska Native=American Indian or Alaska Native. **Nat Hawaiian/Pac Island**=Native Hawaiian or Other Pacific Islander.

Note: Due to rounding, percentages may not sum to 100%.

† Percentage is less than 0.5%.

Exhibit 7. Number and distribution of female family planning users, by race and ethnicity: 2016
(Source: FPAR Table 2)

Race	Hispanic or Latino	Not Hispanic or Latino	Ethnicity UK/NR	Total	% Hispanic or Latino	% Not Hispanic or Latino	% Ethnicity UK/NR	% Total
Am Indian/Alaska Native	10,015	19,404	723	30,142	0%†	1%	0%†	1%
Asian	5,631	114,094	4,623	124,348	0%†	3%	0%†	3%
Black/African American	30,159	691,965	14,545	736,669	1%	19%	0%†	21%
Nat Hawaiian/Pac Island	5,749	25,612	716	32,077	0%†	1%	0%†	1%
White	618,927	1,281,100	46,586	1,946,613	17%	36%	1%	55%
More than one race	70,665	52,138	4,250	127,053	2%	1%	0%†	4%
Unknown/not reported	410,965	100,733	44,418	556,116	12%	3%	1%	16%
Total Female Users	1,152,111	2,285,046	115,861	3,553,018	32%	64%	3%	100%

Am Indian/Alaska Native=American Indian or Alaska Native. **Nat Hawaiian/Pac Island**=Native Hawaiian or Other Pacific Islander.

Note: Due to rounding, percentages may not sum to 100%.

† Percentage is less than 0.5%.

Exhibit 8. Number and distribution of male family planning users, by race and ethnicity: 2016
(Source: FPAR Table 3)

Race	Hispanic or Latino	Not Hispanic or Latino	Ethnicity UK/NR	Total	% Hispanic or Latino	% Not Hispanic or Latino	% Ethnicity UK/NR	% Total
Am Indian/Alaska Native	875	2,286	164	3,325	0%†	1%	0%†	1%
Asian	544	10,139	524	11,207	0%†	2%	0%†	2%
Black/African American	4,026	114,850	4,341	123,217	1%	25%	1%	27%
Nat Hawaiian/Pac Island	624	2,690	88	3,402	0%†	1%	0%†	1%
White	56,262	164,787	7,171	228,220	12%	36%	2%	50%
More than one race	8,250	6,407	854	15,511	2%	1%	0%†	3%
Unknown/not reported	47,296	14,537	7,819	69,652	10%	3%	2%	15%
Total Male Users	117,877	315,696	20,961	454,534	26%	69%	5%	100%

Am Indian/Alaska Native=American Indian or Alaska Native. **Nat Hawaiian/Pac Island**=Native Hawaiian or Other Pacific Islander.

Note: Due to rounding, percentages may not sum to 100%.

† Percentage is less than 0.5%.

Exhibit 9. Number of all family planning users, by race, ethnicity, and region: 2016 (Source: FPAR Tables 2 and 3)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	10,890	243	1,131	917	2,321	737	599	261	369	3,727	585
Not Hispanic or Latino	21,690	655	998	3,913	1,406	1,522	3,664	931	1,377	5,398	1,826
Unknown/not reported	887	26	15	89	15	128	32	81	81	414	6
Subtotal	33,467	924	2,144	4,919	3,742	2,387	4,295	1,273	1,827	9,539	2,417
Asian											
Hispanic or Latino	6,175	153	470	2,113	342	152	117	32	65	2,557	174
Not Hispanic or Latino	124,233	9,424	12,799	7,714	7,629	7,581	2,978	2,205	2,105	65,302	6,496
Unknown/not reported	5,147	60	122	432	55	348	82	362	126	3,549	11
Subtotal	135,555	9,637	13,391	10,259	8,026	8,081	3,177	2,599	2,296	71,408	6,681
Black or African American											
Hispanic or Latino	34,185	3,340	15,949	4,121	3,150	1,689	1,053	355	229	3,906	393
Not Hispanic or Latino	806,815	24,819	93,542	145,447	250,426	97,708	78,515	18,839	5,798	85,115	6,606
Unknown/not reported	18,886	247	420	6,532	1,680	2,406	489	2,122	355	4,627	8
Subtotal	859,886	28,406	109,911	156,100	255,256	101,803	80,057	21,316	6,382	93,648	7,007
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	6,373	515	1,147	756	759	264	310	48	61	2,210	303
Not Hispanic or Latino	28,302	186	679	627	606	509	623	201	479	23,227	1,165
Unknown/not reported	804	3	8	51	22	48	12	17	14	627	2
Subtotal	35,479	704	1,834	1,434	1,387	821	945	266	554	26,064	1,470
White											
Hispanic or Latino	675,189	21,910	60,085	34,829	99,793	33,030	136,358	23,630	19,572	228,777	17,205
Not Hispanic or Latino	1,445,887	89,631	129,645	187,731	266,540	194,077	91,355	73,839	71,976	244,593	96,500
Unknown/not reported	53,757	3,173	580	12,936	1,867	4,881	1,553	4,612	2,382	21,629	144
Subtotal	2,174,833	114,714	190,310	235,496	368,200	231,988	229,266	102,081	93,930	494,999	113,849
More Than One Race											
Hispanic or Latino	78,915	8,532	19,084	5,259	4,800	2,753	2,332	711	1,200	32,724	1,520
Not Hispanic or Latino	58,545	4,567	2,135	3,302	8,268	9,330	4,615	1,745	1,646	18,508	4,429
Unknown/not reported	5,104	782	83	338	74	466	20	145	189	2,993	14
Subtotal	142,564	13,881	21,302	8,899	13,142	12,549	6,967	2,601	3,035	54,225	5,963
Race Unknown or Not Reported											
Hispanic or Latino	458,261	11,416	68,496	38,065	14,362	24,196	7,172	2,785	11,966	263,204	16,599
Not Hispanic or Latino	115,270	2,796	19,929	15,652	4,181	6,048	2,007	1,280	2,615	54,395	6,367
Unknown/not reported	52,237	905	829	6,761	1,447	2,668	1,047	1,706	1,416	35,354	104
Subtotal	625,768	15,117	89,254	60,478	19,990	32,912	10,226	5,771	15,997	352,953	23,070
All Races											
Hispanic or Latino	1,269,988	46,109	166,362	86,060	125,527	62,821	147,941	27,822	33,462	537,105	36,779
Not Hispanic or Latino	2,600,742	132,078	259,727	364,386	539,056	316,775	183,757	99,040	85,996	496,538	123,389
Unknown/not reported	136,822	5,196	2,057	27,139	5,160	10,945	3,235	9,045	4,563	69,193	289
Total All Users	4,007,552	183,383	428,146	477,585	669,743	390,541	334,933	135,907	124,021	1,102,836	160,457

Exhibit 10. Distribution of all family planning users, by race, ethnicity, and region: 2016 (Source: FPAR Tables 2 and 3)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	1%	0%†	0%†	1%	1%	1%	0%†	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	2%
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	3%	5%	3%	2%	1%	2%	1%	2%	2%	6%	4%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	3%	5%	3%	2%	1%	2%	1%	2%	2%	6%	4%
Black or African American											
Hispanic or Latino	1%	2%	4%	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	20%	14%	22%	30%	37%	25%	23%	14%	5%	8%	4%
Unknown/not reported	0%†	0%†	0%†	1%	0%†	1%	0%†	2%	0%†	0%†	0%†
Subtotal	21%	15%	26%	33%	38%	26%	24%	16%	5%	8%	4%
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	2%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	2%	1%
White											
Hispanic or Latino	17%	12%	14%	7%	15%	8%	41%	17%	16%	21%	11%
Not Hispanic or Latino	36%	49%	30%	39%	40%	50%	27%	54%	58%	22%	60%
Unknown/not reported	1%	2%	0%†	3%	0%†	1%	0%†	3%	2%	2%	0%†
Subtotal	54%	63%	44%	49%	55%	59%	68%	75%	76%	45%	71%
More Than One Race											
Hispanic or Latino	2%	5%	4%	1%	1%	1%	1%	1%	1%	3%	1%
Not Hispanic or Latino	1%	2%	0%†	1%	1%	2%	1%	1%	1%	2%	3%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	4%	8%	5%	2%	2%	3%	2%	2%	2%	5%	4%
Race Unknown or Not Reported											
Hispanic or Latino	11%	6%	16%	8%	2%	6%	2%	2%	10%	24%	10%
Not Hispanic or Latino	3%	2%	5%	3%	1%	2%	1%	1%	2%	5%	4%
Unknown/not reported	1%	0%†	0%†	1%	0%†	1%	0%†	1%	1%	3%	0%†
Subtotal	16%	8%	21%	13%	3%	8%	3%	4%	13%	32%	14%
All Races											
Hispanic or Latino	32%	25%	39%	18%	19%	16%	44%	20%	27%	49%	23%
Not Hispanic or Latino	65%	72%	61%	76%	80%	81%	55%	73%	69%	45%	77%
Unknown/not reported	3%	3%	0%†	6%	1%	3%	1%	7%	4%	6%	0%†
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Note: Due to rounding, percentages may not sum to 100%.

† Percentage is less than 0.5%.

Exhibit 11. Number of female family planning users, by race, ethnicity, and region: 2016 (Source: FPAR Table 2)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	10,015	218	1,094	846	2,276	668	554	254	281	3,270	554
Not Hispanic or Latino	19,404	557	905	3,468	1,305	1,332	3,516	820	1,203	4,636	1,662
Unknown/not reported	723	24	8	74	12	102	25	72	62	340	4
Subtotal	30,142	799	2,007	4,388	3,593	2,102	4,095	1,146	1,546	8,246	2,220
Asian											
Hispanic or Latino	5,631	132	395	1,965	322	135	109	31	62	2,315	165
Not Hispanic or Latino	114,094	8,853	11,785	7,032	6,855	6,792	2,728	2,075	1,864	59,851	6,259
Unknown/not reported	4,623	50	98	384	34	304	70	347	113	3,213	10
Subtotal	124,348	9,035	12,278	9,381	7,211	7,231	2,907	2,453	2,039	65,379	6,434
Black or African American											
Hispanic or Latino	30,159	2,765	14,470	3,503	2,911	1,437	893	323	183	3,307	367
Not Hispanic or Latino	691,965	20,459	83,458	121,757	220,885	83,820	65,054	16,148	3,932	70,719	5,733
Unknown/not reported	14,545	183	359	4,746	1,108	1,975	313	1,942	249	3,665	5
Subtotal	736,669	23,407	98,287	130,006	224,904	87,232	66,260	18,413	4,364	77,691	6,105
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	5,749	422	979	680	718	236	276	47	54	2,041	296
Not Hispanic or Latino	25,612	145	578	561	550	458	589	185	379	21,064	1,103
Unknown/not reported	716	3	8	41	15	42	11	16	10	568	2
Subtotal	32,077	570	1,565	1,282	1,283	736	876	248	443	23,673	1,401
White											
Hispanic or Latino	618,927	19,105	56,266	31,524	94,322	30,452	125,711	22,499	17,267	205,224	16,557
Not Hispanic or Latino	1,281,100	76,343	116,583	162,556	242,801	170,951	84,916	67,975	60,327	210,226	88,422
Unknown/not reported	46,586	2,752	518	12,005	1,231	4,207	1,371	3,965	1,999	18,422	116
Subtotal	1,946,613	98,200	173,367	206,085	338,354	205,610	211,998	94,439	79,593	433,872	105,095
More Than One Race											
Hispanic or Latino	70,665	7,396	17,906	4,044	4,594	2,439	2,207	666	1,016	28,931	1,466
Not Hispanic or Latino	52,138	3,972	1,938	2,580	7,570	8,305	4,433	1,583	1,375	16,167	4,215
Unknown/not reported	4,250	656	69	273	57	398	16	122	164	2,483	12
Subtotal	127,053	12,024	19,913	6,897	12,221	11,142	6,656	2,371	2,555	47,581	5,693
Race Unknown or Not Reported											
Hispanic or Latino	410,965	9,587	61,441	33,392	13,319	22,312	6,734	2,576	10,293	236,206	15,105
Not Hispanic or Latino	100,733	2,420	17,856	13,598	3,718	5,332	1,780	1,133	2,267	46,767	5,862
Unknown/not reported	44,418	764	684	5,570	1,142	2,261	925	1,446	1,184	30,360	82
Subtotal	556,116	12,771	79,981	52,560	18,179	29,905	9,439	5,155	13,744	313,333	21,049
All Races											
Hispanic or Latino	1,152,111	39,625	152,551	75,954	118,462	57,679	136,484	26,396	29,156	481,294	34,510
Not Hispanic or Latino	2,285,046	112,749	233,103	311,552	483,684	276,990	163,016	89,919	71,347	429,430	113,256
Unknown/not reported	115,861	4,432	1,744	23,093	3,599	9,289	2,731	7,910	3,781	59,051	231
Total All Users	3,553,018	156,806	387,398	410,599	605,745	343,958	302,231	124,225	104,284	969,775	147,997

Exhibit 12. Distribution of female family planning users, by race, ethnicity, and region: 2016 (Source: FPAR Table 2)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	1%	0%†	0%†	1%	1%	1%	0%†	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	2%
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	3%	6%	3%	2%	1%	2%	1%	2%	2%	6%	4%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	3%	6%	3%	2%	1%	2%	1%	2%	2%	7%	4%
Black or African American											
Hispanic or Latino	1%	2%	4%	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	19%	13%	22%	30%	36%	24%	22%	13%	4%	7%	4%
Unknown/not reported	0%†	0%†	0%†	1%	0%†	1%	0%†	2%	0%†	0%†	0%†
Subtotal	21%	15%	25%	32%	37%	25%	22%	15%	4%	8%	4%
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	2%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	2%	1%
White											
Hispanic or Latino	17%	12%	15%	8%	16%	9%	42%	18%	17%	21%	11%
Not Hispanic or Latino	36%	49%	30%	40%	40%	50%	28%	55%	58%	22%	60%
Unknown/not reported	1%	2%	0%†	3%	0%†	1%	0%†	3%	2%	2%	0%†
Subtotal	55%	63%	45%	50%	56%	60%	70%	76%	76%	45%	71%
More Than One Race											
Hispanic or Latino	2%	5%	5%	1%	1%	1%	1%	1%	1%	3%	1%
Not Hispanic or Latino	1%	3%	1%	1%	1%	2%	1%	1%	1%	2%	3%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	4%	8%	5%	2%	2%	3%	2%	2%	2%	5%	4%
Race Unknown or Not Reported											
Hispanic or Latino	12%	6%	16%	8%	2%	6%	2%	2%	10%	24%	10%
Not Hispanic or Latino	3%	2%	5%	3%	1%	2%	1%	1%	2%	5%	4%
Unknown/not reported	1%	0%†	0%†	1%	0%†	1%	0%†	1%	1%	3%	0%†
Subtotal	16%	8%	21%	13%	3%	9%	3%	4%	13%	32%	14%
All Races											
Hispanic or Latino	32%	25%	39%	18%	20%	17%	45%	21%	28%	50%	23%
Not Hispanic or Latino	64%	72%	60%	76%	80%	81%	54%	72%	68%	44%	77%
Unknown/not reported	3%	3%	0%†	6%	1%	3%	1%	6%	4%	6%	0%†
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Note: Due to rounding, percentages may not sum to 100%.

† Percentage is less than 0.5%.

Exhibit 13. Number of male family planning users, by race, ethnicity, and region: 2016 (Source: FPAR Table 3)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	875	25	37	71	45	69	45	7	88	457	31
Not Hispanic or Latino	2,286	98	93	445	101	190	148	111	174	762	164
Unknown/not reported	164	2	7	15	3	26	7	9	19	74	2
Subtotal	3,325	125	137	531	149	285	200	127	281	1,293	197
Asian											
Hispanic or Latino	544	21	75	148	20	17	8	1	3	242	9
Not Hispanic or Latino	10,139	571	1,014	682	774	789	250	130	241	5,451	237
Unknown/not reported	524	10	24	48	21	44	12	15	13	336	1
Subtotal	11,207	602	1,113	878	815	850	270	146	257	6,029	247
Black or African American											
Hispanic or Latino	4,026	575	1,479	618	239	252	160	32	46	599	26
Not Hispanic or Latino	114,850	4,360	10,084	23,690	29,541	13,888	13,461	2,691	1,866	14,396	873
Unknown/not reported	4,341	64	61	1,786	572	431	176	180	106	962	3
Subtotal	123,217	4,999	11,624	26,094	30,352	14,571	13,797	2,903	2,018	15,957	902
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	624	93	168	76	41	28	34	1	7	169	7
Not Hispanic or Latino	2,690	41	101	66	56	51	34	16	100	2,163	62
Unknown/not reported	88	0	0	10	7	6	1	1	4	59	0
Subtotal	3,402	134	269	152	104	85	69	18	111	2,391	69
White											
Hispanic or Latino	56,262	2,805	3,819	3,305	5,471	2,578	10,647	1,131	2,305	23,553	648
Not Hispanic or Latino	164,787	13,288	13,062	25,175	23,739	23,126	6,439	5,864	11,649	34,367	8,078
Unknown/not reported	7,171	421	62	931	636	674	182	647	383	3,207	28
Subtotal	228,220	16,514	16,943	29,411	29,846	26,378	17,268	7,642	14,337	61,127	8,754
More Than One Race											
Hispanic or Latino	8,250	1,136	1,178	1,215	206	314	125	45	184	3,793	54
Not Hispanic or Latino	6,407	595	197	722	698	1,025	182	162	271	2,341	214
Unknown/not reported	854	126	14	65	17	68	4	23	25	510	2
Subtotal	15,511	1,857	1,389	2,002	921	1,407	311	230	480	6,644	270
Race Unknown or Not Reported											
Hispanic or Latino	47,296	1,829	7,055	4,673	1,043	1,884	438	209	1,673	26,998	1,494
Not Hispanic or Latino	14,537	376	2,073	2,054	463	716	227	147	348	7,628	505
Unknown/not reported	7,819	141	145	1,191	305	407	122	260	232	4,994	22
Subtotal	69,652	2,346	9,273	7,918	1,811	3,007	787	616	2,253	39,620	2,021
All Races											
Hispanic or Latino	117,877	6,484	13,811	10,106	7,065	5,142	11,457	1,426	4,306	55,811	2,269
Not Hispanic or Latino	315,696	19,329	26,624	52,834	55,372	39,785	20,741	9,121	14,649	67,108	10,133
Unknown/not reported	20,961	764	313	4,046	1,561	1,656	504	1,135	782	10,142	58
Total All Users	454,534	26,577	40,748	66,986	63,998	46,583	32,702	11,682	19,737	133,061	12,460

Exhibit 14. Distribution of male family planning users, by race, ethnicity, and region: 2016 (Source: FPAR Table 3)

Race and Ethnicity	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
American Indian or Alaska Native											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	1%	0%†	0%†	0%†	1%	1%	1%	1%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	1%	0%†	0%†	1%	0%†	1%	1%	1%	1%	1%	2%
Asian											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	2%	2%	2%	1%	1%	2%	1%	1%	1%	4%	2%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	2%	2%	3%	1%	1%	2%	1%	1%	1%	5%	2%
Black or African American											
Hispanic or Latino	1%	2%	4%	1%	0%†	1%	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	25%	16%	25%	35%	46%	30%	41%	23%	9%	11%	7%
Unknown/not reported	1%	0%†	0%†	3%	1%	1%	1%	2%	1%	1%	0%†
Subtotal	27%	19%	29%	39%	47%	31%	42%	25%	10%	12%	7%
Native Hawaiian or Other Pacific Islander											
Hispanic or Latino	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Not Hispanic or Latino	1%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	2%	0%†
Unknown/not reported	0%†	0%	0%	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
Subtotal	1%	1%	1%	0%†	0%†	0%†	0%†	0%†	1%	2%	1%
White											
Hispanic or Latino	12%	11%	9%	5%	9%	6%	33%	10%	12%	18%	5%
Not Hispanic or Latino	36%	50%	32%	38%	37%	50%	20%	50%	59%	26%	65%
Unknown/not reported	2%	2%	0%†	1%	1%	1%	1%	6%	2%	2%	0%†
Subtotal	50%	62%	42%	44%	47%	57%	53%	65%	73%	46%	70%
More Than One Race											
Hispanic or Latino	2%	4%	3%	2%	0%†	1%	0%†	0%†	1%	3%	0%†
Not Hispanic or Latino	1%	2%	0%†	1%	1%	2%	1%	1%	1%	2%	2%
Unknown/not reported	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Subtotal	3%	7%	3%	3%	1%	3%	1%	2%	2%	5%	2%
Race Unknown or Not Reported											
Hispanic or Latino	10%	7%	17%	7%	2%	4%	1%	2%	8%	20%	12%
Not Hispanic or Latino	3%	1%	5%	3%	1%	2%	1%	1%	2%	6%	4%
Unknown/not reported	2%	1%	0%†	2%	0%†	1%	0%†	2%	1%	4%	0%†
Subtotal	15%	9%	23%	12%	3%	6%	2%	5%	11%	30%	16%
All Races											
Hispanic or Latino	26%	24%	34%	15%	11%	11%	35%	12%	22%	42%	18%
Not Hispanic or Latino	69%	73%	65%	79%	87%	85%	63%	78%	74%	50%	81%
Unknown/not reported	5%	3%	1%	6%	2%	4%	2%	10%	4%	8%	0%†
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Note: Due to rounding, percentages may not sum to 100%.

† Percentage is less than 0.5%.

Guidance for Reporting User Social and Economic Profile Data in FPAR Tables 4 through 6

In FPAR **Tables 4, 5, and 6**, grantees report information on the social and economic profile of family planning users, including income level (**Table 4**), health insurance coverage (**Table 5**), and English proficiency (**Table 6**).

In FPAR **Table 4**, grantees report the unduplicated number of family planning users by income level, using the following instructions:

Income Level as a Percentage of the HHS Poverty Guidelines—Grantees are required to collect family income data from all users to determine charges based on the schedule of discounts.^{1,2} In determining a user's family income, agencies should refer to the poverty guidelines updated periodically in the *Federal Register* by HHS under the authority of 42 USC 9902(2).⁷ Report the unduplicated number of users by income level, using the most current income information available. For additional guidance, see *Program Requirements for Title X Funded Family Planning Projects (Version 1.0)*.¹

In FPAR **Table 5**, grantees report the unduplicated number of users by their principal insurance coverage status, using the following instructions:

Principal Health Insurance Covering Primary Medical Care—Refers to public and private health insurance plans that provide a broad set of primary medical care benefits to enrolled individuals. Report the most current health insurance coverage information available for the client even though he or she may not have used this health insurance to pay for family planning services received during his or her last encounter. For individuals who have coverage under more than one health plan, principal insurance is defined as the insurance plan that the agency would bill first (i.e., primary) if a claim were to be filed. Categories of health insurance covering primary medical care include public and private sources of coverage.

Public Health Insurance Covering Primary Medical Care—Refers to federal, state, or local government health insurance programs that provide a broad set of primary medical care benefits for eligible individuals. Examples of such programs include Medicaid (both regular and managed care), Medicare, the Children's Health Insurance Program (CHIP), and other state or local government programs that provide a broad set of benefits. Also included are public-paid or public-subsidized private insurance programs.

Private Health Insurance Covering Primary Medical Care—Refers to health insurance coverage through an employer, union, or direct purchase that provides a broad set of primary medical care benefits for the enrolled individual (beneficiary or dependent). Private insurance includes insurance purchased for public employees or retirees or military personnel and their dependents (e.g., TRICARE or CHAMPVA).

Uninsured—Refers to clients who do not have a public or private health insurance plan that covers broad, primary medical care benefits. Clients whose services are subsidized through state or local indigent care programs or clients insured through the Indian Health Service who obtain care in a nonparticipating facility are considered uninsured.

In FPAR **Table 6**, grantees report the unduplicated number of family planning users with limited English proficiency (LEP), using the following instructions:

Limited English Proficient (LEP) Users—Refers to family planning users who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. Because of their limited English proficiency, LEP users derive little benefit from Title X services and information provided in English. In Table 6, report the unduplicated number of family planning users who required language assistance services (interpretation or translation) to optimize their use of Title X services. Include as LEP any user who received Title X services from bilingual staff in the user's preferred non-English language, who was assisted by a competent agency or contracted interpreter, or who opted to use a family member or friend as an interpreter after refusing the provider's offer of free language assistance services. Service providers should consult the *Revised HHS LEP Guidance*¹³ for further information about identifying LEP individuals and complying with language assistance requirements. Unless they are also LEP, *do not include users* who are visually or hearing impaired or have other disabilities.

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued October 2016), pp. 21–23.

FAMILY PLANNING USER SOCIAL AND ECONOMIC PROFILE

Users by Income Level (Exhibit 15)

Federal regulations^{1,2} require Title X-funded providers to give priority in the delivery of care to persons from low-income families. These regulations specify that individuals with family incomes at or below the HHS poverty guideline for 2016 (\$24,300 for a family of four in the 48 contiguous states and DC)⁷ receive services at no charge unless a third party (government or private) is authorized or obligated to pay for these services. For individuals with incomes between 101% and 250% of the poverty guideline, Title X-funded agencies are required to charge for services using a sliding fee scale based on family size and income. For unemancipated minors seeking confidential services, the assessment of income level is based on their own rather than their family's income.

In 2016, 88% (3.5 million) of users had family incomes that qualified them for either subsidized or no-charge services. Sixty-four percent (2.6 million) of users had family incomes at or below poverty, 24% (956,567) had incomes ranging from 101% to 250% of poverty, and 7% (297,988) had incomes over 250% of poverty. Family income data were unknown or not reported for 5% (188,005) of users (*Exhibit 15*).

- By **region**, from 81% (III) to 94% (VI) of users had family incomes qualifying them for either no-charge (49% to 76%) or subsidized (19% to 33%) services. In Regions IV, VI, VIII, and IX, the percentage of users with incomes at or below poverty exceeded the national average of 64% (*Exhibit 15*).
- By **state**, there was wide variation in the percentage of users with incomes at or below poverty (0% to 100%), from 101% to 250% of poverty (0% to 46%), and over 250% of poverty (0% to 26%) (*Exhibit B-2*).

From 2006 to 2016, the percentage of users with family incomes at or below poverty decreased from 67% (2006) to 64% (2016), and the percentage with incomes from 101% to 250% of poverty decreased from 26% (2006) to 24% (2016). The percentage of users with incomes over 250% of poverty increased from 5% (2006) to 7% (2016) (*Exhibits A-7a* and *A-7b*).

Users by Insurance Coverage Status (Exhibit 16)

Title X regulations^{1,2} require Title X-funded agencies to bill all third parties authorized or legally obligated to pay for services and to make reasonable efforts to collect charges without jeopardizing client confidentiality. On the FPAR, grantees report the health insurance coverage status for a client even though an insured client may not have used his or her health insurance to pay for services received during the last encounter. Users whose family planning care was paid by a Medicaid family planning eligibility expansion but who had no other public or private health insurance plan covering broad primary medical care benefits are considered uninsured, as are users with single-service plans (e.g., vision or dental) or those with coverage through the Indian Health Service (IHS) who received care in non-IHS facilities.

Exhibit 15. Number and distribution of all family planning users, by income level and region: 2016 (Source: FPAR Table 4)

Income Level ^a	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Under 101%	2,564,992	89,096	254,074	286,248	457,943	236,424	253,667	83,746	81,353	726,447	95,994
101% to 150%	575,420	33,394	69,530	58,254	79,843	58,470	41,500	19,674	15,663	171,181	27,911
151% to 200%	252,273	18,518	32,893	26,597	30,940	31,035	14,997	9,579	8,847	66,274	12,593
201% to 250%	128,874	8,828	15,345	16,511	13,561	16,528	6,041	5,717	5,619	32,351	8,373
Over 250%	297,988	18,981	47,919	29,028	53,147	41,133	8,959	12,451	9,051	64,410	12,909
Unknown/not reported	188,005	14,566	8,385	60,947	34,309	6,951	9,769	4,740	3,488	42,173	2,677
Total All Users	4,007,552	183,383	428,146	477,585	669,743	390,541	334,933	135,907	124,021	1,102,836	160,457
Under 101%	64%	49%	59%	60%	68%	61%	76%	62%	66%	66%	60%
101% to 150%	14%	18%	16%	12%	12%	15%	12%	14%	13%	16%	17%
151% to 200%	6%	10%	8%	6%	5%	8%	4%	7%	7%	6%	8%
201% to 250%	3%	5%	4%	3%	2%	4%	2%	4%	5%	3%	5%
Over 250%	7%	10%	11%	6%	8%	11%	3%	9%	7%	6%	8%
Unknown/not reported	5%	8%	2%	13%	5%	2%	3%	3%	3%	4%	2%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Note: Due to rounding, percentages may not sum to 100%.

^a Title X-funded agencies calculate and report user family income as a percentage of poverty based on guidelines issued by the U.S. Department of Health and Human Services (HHS). Each year, HHS announces updates to its poverty guidelines in the *Federal Register* and on the HHS Website at <https://aspe.hhs.gov/poverty-guidelines/>.

Exhibit 16. Number and distribution of all family planning users, by principal health insurance coverage status and region: 2016
 (Source: FPAR Table 5)

Insurance Status	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Public health insurance	1,499,672	85,040	199,107	197,873	236,097	144,922	82,131	31,616	23,648	439,639	59,599
Private health insurance	715,090	58,392	67,332	114,414	133,304	99,491	46,932	40,122	33,962	73,572	47,569
Uninsured	1,737,488	38,485	145,375	147,120	293,676	143,475	203,684	63,572	63,094	588,257	50,750
Unknown/not reported	55,302	1,466	16,332	18,178	6,666	2,653	2,186	597	3,317	1,368	2,539
Total All Users	4,007,552	183,383	428,146	477,585	669,743	390,541	334,933	135,907	124,021	1,102,836	160,457
Public health insurance	37%	46%	47%	41%	35%	37%	25%	23%	19%	40%	37%
Private health insurance	18%	32%	16%	24%	20%	25%	14%	30%	27%	7%	30%
Uninsured	43%	21%	34%	31%	44%	37%	61%	47%	51%	53%	32%
Unknown/not reported	1%	1%	4%	4%	1%	1%	1%	0%†	3%	0%†	2%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Note: Due to rounding, percentages may not sum to 100%.

† Percentage is less than 0.5%.

In 2016, 55% (2.0 million) of family planning users had either public (37%, 1.5 million) or private (18%, 715,090) insurance covering broad primary medical care benefits, while 43% (1.7 million) were uninsured. Health insurance coverage status was unknown or not reported for 1% (55,302) of users (*Exhibit 16*).

- By **region**, from 19% (VIII) to 47% (II) of users had public coverage, and from 7% (IX) to 32% (I) had private coverage. The percentage of uninsured users ranged from 21% (I) to 61% (VI), and the number of uninsured users exceeded the number of insured users in three regions (VI, VIII, and IX) (*Exhibit 16*).
- By **state**, there was wide variation in the percentage of users who were publicly insured (0% to 98%), privately insured (0% to 54%), and uninsured (2% to 100%) (*Exhibit B-3a*).
- Among family planning users in the 50 states and District of Columbia, 72% (2.9 million) received Title X services in 1 of 32 states (includes DC) to expand Medicaid under the Affordable Care Act (ACA), while 28% (1.1 million users) were served in 1 of 19 states that had not. Compared with “nonexpansion” states, users in “expansion” states had, on average, a lower uninsurance rate (40% vs. 53%), a higher publicly insured rate (41% vs. 27%), and a privately insured rate that was about the same (17% vs. 19%) (*Exhibit B-3b*).

The 2016 reporting period was the second consecutive year since Title X began collecting health insurance information in 2005 that the number of insured users exceeded the number of uninsured users. In 2016, the percentage of users with either public or private health insurance (55%) was 26 points higher than in 2006 (29%), while the percentage uninsured was 18 points lower (43% in 2016 vs. 61% in 2006). Factors accounting for this shift toward higher levels of coverage include state and national health insurance reforms to increase health insurance coverage, better collection of users’ health insurance status information by Title X providers, and increased efforts by Title X providers to identify and bill third-party payers (*Exhibits A-8a* and *A-8b*).

Limited English Proficient Users (Exhibit 17)

As recipients of HHS assistance, Title X grantees and subrecipients, including those operating in U.S. territories and Freely Associated States where English is an official language, are required to ensure that limited English proficient (LEP) individuals have meaningful access to the health and social services they provide.¹³ In 2016, 13% (539,152) of family planning users were LEP. By region, the percentage of users who were LEP ranged from 6% (V) to 21% (VI), with three regions (II, IV, and VI) exceeding the national average of 13% (*Exhibit 17*).

In 2006 and 2016, 13% of total users were LEP. Numerically, however, the number of LEP users decreased 14%, from 626,234 (2006) to 539,152 (2016) (not shown).

Exhibit 17. Number and distribution of all family planning users, by limited English proficiency (LEP) status and region: 2016
 (Source: FPAR Table 6)

LEP Status	All Regions	Region I	Region II ^a	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX ^b	Region X
LEP	539,152	24,731	80,409	56,761	95,463	23,791	69,208	15,164	12,772	148,515	12,338
Not LEP	3,425,891	158,463	346,898	402,322	573,404	364,869	265,710	120,560	111,187	934,359	148,119
Unknown/not reported	42,509	189	839	18,502	876	1,881	15	183	62	19,962	0
Total All Users	4,007,552	183,383	428,146	477,585	669,743	390,541	334,933	135,907	124,021	1,102,836	160,457
LEP	13%	13%	19%	12%	14%	6%	21%	11%	10%	13%	8%
Not LEP	85%	86%	81%	84%	86%	93%	79%	89%	90%	85%	92%
Unknown/not reported	1%	0%†	0%†	4%	0%†	0%†	0%†	0%†	0%†	2%	0%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

LEP=limited English proficient.

Note: Due to rounding, percentages may not sum to 100%.

^a Includes family planning users served by grantees in Puerto Rico and the U.S. Virgin Islands.

^b Includes family planning users served by grantees in American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of the Marshall Islands, and Republic of Palau.

† Percentage is less than 0.5%.

Guidance for Reporting Primary Contraceptive Use Data in FPAR Tables 7 and 8

In FPAR **Table 7**, grantees report the unduplicated number of female family planning users by primary method and age, and in FPAR **Table 8**, grantees report the unduplicated number of male family planning users by primary method and age. The FPAR instructions provide the following guidance for reporting this information:

Age—Use the client’s age as of June 30 of the reporting period.

Primary Method of Family Planning—The primary method of family planning is the user’s method—adopted or continued—at the time of exit from his or her last encounter in the reporting period. If the user reports that he or she is using more than one family planning method, report the most effective one as the primary method. Family planning methods include the following:

Female Sterilization—In **Table 7**, report the number of female users who rely on female sterilization as their primary family planning method. Female sterilization refers to a contraceptive surgical (tubal ligation) or nonsurgical (implant) procedure performed on a female user in the current or any previous reporting period.

Intrauterine Device or System (IUD/IUS)—In **Table 7**, report the number of female users who use a long-term hormonal or other type of intrauterine device (IUD) or system (IUS) as their primary family planning method.

Hormonal Implant—In **Table 7**, report the number of female users who use a long-term, subdermal hormonal implant as their primary family planning method.

1-Month Hormonal Injection—In **Table 7**, report the number of female users who use 1-month injectable hormonal contraception as their primary family planning method.

3-Month Hormonal Injection—In **Table 7**, report the number of female users who use 3-month injectable hormonal contraception as their primary family planning method.

Oral Contraceptive—In **Table 7**, report the number of female users who use any oral contraceptive, including combination and progestin-only (“mini-pills”) formulations, as their primary family planning method.

Contraceptive Patch—In **Table 7**, report the number of female users who use a transdermal contraceptive patch as their primary family planning method.

Vaginal Ring—In **Table 7**, report the number of female users who use a hormonal vaginal ring as their primary family planning method.

Cervical Cap or Diaphragm—In **Table 7**, report the number of female users who use a cervical cap or diaphragm (with or without spermicidal jelly or cream) as their primary family planning method.

Contraceptive Sponge—In **Table 7**, report the number of female users who use a contraceptive sponge as their primary family planning method.

Female Condom—In **Table 7**, report the number of female users who use female condoms (with or without spermicidal foam or film) as their primary family planning method.

Spermicide (used alone)—In **Table 7**, report the number of female users who use only spermicidal jelly, cream, foam, or film (i.e., not in conjunction with another method of contraception) as their primary family planning method.

Fertility Awareness Method (FAM) or Lactational Amenorrhea Method (LAM)—Fertility awareness methods (FAMs) refer to family planning methods that rely on identifying the fertile days in each menstrual cycle when intercourse is most likely to result in a pregnancy. FAMs include Standard Days®, Calendar Rhythm, TwoDay, Billings Ovulation, and SymptoThermal methods. The Lactational Amenorrhea Method (LAM) is the proactive application of exclusive breastfeeding during lactational amenorrhea for the first 6 months after delivery. To be effective, LAM requires full (i.e., no other liquid or solid given to infant) or nearly full (i.e., infrequent supplementation in small amounts, but not by bottle) breastfeeding.¹⁴ In **Table 7**, report the number of female users who use one or a combination of the FAMs listed above or who rely on LAM as their primary family planning method. In **Table 8**, Row 3, report male users who rely on a FAM as their primary method. Report male users who rely on LAM as their primary method in **Table 8**, Row 6, “Rely on female method(s).”

Abstinence—In **Tables 7 and 8**, report the number of female and male users, respectively, who rely on abstinence as their primary family planning method or who are not currently sexually active and therefore not using contraception. For purposes of FPAR reporting, abstinence is defined as refraining from oral, vaginal, and anal intercourse.¹⁵

Withdrawal and Other Methods—In **Tables 7 and 8**, report the number of female and male users, respectively, who use withdrawal or other methods not listed in the tables as their primary family planning method.

(continued)

PRIMARY CONTRACEPTIVE METHOD USE

Federal regulations^{1,2} specify that Title X projects are required to provide a broad range of acceptable and effective medically approved family planning methods, including natural family planning methods. In addition to offering a full range of methods for clients to consider, the *Quality Family Planning (QFP) Recommendations*¹⁶ advise providers to identify methods that are safe for the client, provide counseling to help the client choose a method and use it correctly and consistently, conduct any physical assessments warranted by the selected method, and provide the method on site (preferable) or by referral. The *QFP Recommendations* also note that providers should ensure that services for adolescent clients are provided in a “youth-friendly” way.

Female Users by Primary Contraceptive Method (Exhibits 18 through 21)

In 2016, 80% (2.8 million) of all female users adopted or continued use of a most, moderately, or less effective contraceptive method at their last encounter in the reporting period. Nine percent (321,706) of females exited the encounter with no primary method because they were pregnant or seeking pregnancy, and another 5% (175,371) exited with no method for other reasons. Three percent (89,102) of female users reported that they were abstinent, and the type of primary method used was unknown or not reported for the remaining 3% (121,885) (*Exhibits 18 and 19*).

Guidance for Reporting Primary Contraceptive Use Data in FPAR Tables 7 and 8 (continued)

Vasectomy—Refers to conventional incisional or no-scalpel vasectomy performed on a male user, or the male partner of a female user, in the current or any previous reporting period. In **Table 7**, report the number of female users who rely on vasectomy as their (partner’s) primary family planning method. In **Table 8**, report the number of male users on whom a vasectomy was performed in the current or any previous reporting period.

Male condom—In **Table 7**, report the number of female users who rely on their sexual partner to use male condoms (with or without spermicidal foam or film) as their primary family planning method. In **Table 8**, report the number of male users who use male condoms (with or without spermicidal foam or film) as their primary family planning method.

Rely on Female Method(s)—In **Table 8**, report the number of male family planning users who rely on their female partner’s family planning methods as their primary method. “Female” contraceptive methods include female sterilization, IUD/IUS, hormonal implants, 1- and 3-month hormonal injections, oral contraceptives, the contraceptive patch, the vaginal ring, cervical cap or diaphragms, the contraceptive sponge, female condoms, LAM, and spermicides.

No Method—[Partner] Pregnant or Seeking Pregnancy—In **Tables 7 and 8**, report the number of female and male users, respectively, who are not using any family planning method because they (**Table 7**) or their partners (**Table 8**) are pregnant or seeking pregnancy.

No Method—Other Reason—In **Tables 7 and 8**, report the number of female and male users who are not using any family planning method to avoid pregnancy due to reasons other than pregnancy or seeking pregnancy, including if either partner is sterile without having been sterilized surgically, if either partner has had a noncontraceptive surgical procedure that has rendered him or her unable to conceive or impregnate, or if the user has a sexual partner of the same sex.

Method Unknown or Not Reported—In **Tables 7 and 8**, report the number of female and male users, respectively, for whom the primary family planning method at exit from the last family planning encounter is unknown or not reported.

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued October 2016), pp. 27–30.

Additional results include the following:

- By **level of effectiveness**¹⁰ in preventing pregnancy, 17% of all female users relied on a *most effective* contraceptive method (vasectomy, female sterilization, implant, or IUD), 45% used a *moderately effective* method (injectable contraception, vaginal ring, contraceptive patch, pills, diaphragm, or cervical cap), and 18% used a *less effective* method (male condom, female condom, sponge, withdrawal, a fertility awareness-based method [FAM], or spermicide used alone) (*Exhibits 18 and 19*). See Table 7 comments in the *Field and Methodological Notes (Appendix C)* for information about the three method-effectiveness categories.
- By **type of method**, the pill was the preferred method of 27% of all female users, followed by male condoms (16%), injectable contraception (15%), IUDs (8%), hormonal implants (6%), the vaginal ring (2%), female sterilization (2%), and the contraceptive patch (1%). Two percent of female users reported using withdrawal or other methods not listed in FPAR Table 7, and less than 0.5% of female users relied on each of the following methods: FAM or the lactational amenorrhea method (LAM), vasectomy, female condoms, cervical cap or diaphragm, spermicide (used alone), or the sponge (*Exhibits 18 and 19*).
- By **age group**, from 53% (under 15) to 84% (15 to 19) of female users relied on a most, moderately, or less effective method (*Exhibits 18 and 19*). The three leading methods varied by age group:
 - **Females under 20:** Pills (18% to 33%), injectables (17% to 24%), and male condoms (8% to 15%)
 - **Females 20 to 44:** Pills (19% to 31%), male condoms (16% to 19%), and injectables (13% to 14%)
 - **Females over 44:** Male condoms (18%), female sterilization (14%), and pills (14%)
- Nonuse of contraception because of pregnancy or the desire for pregnancy was highest among females 18 to 39 (8% to 11%), and 5% or less among females in the younger (under 18) and older (over 39) age groups.
- By **region**, from 69% (III) to 87% (VIII) of female users exited the encounter with a most, moderately, or less effective contraceptive method (*Exhibits 20 and 21*).
 - **Use of most effective methods** ranged from 12% (IV) to 23% (I and VIII). IUDs were the third most common method in three regions (I, VIII, and X) and the fourth most common in six others (II, III, V, VI, VII, and IX).
 - **Use of moderately effective methods** ranged from 38% (III) to 55% (X). Pills, used by 22% (III) to 33% (X) of females, were the leading method in all regions. Injectable contraception was the second most common method in six regions (IV, V, VI, VII, VIII, and X) and the third most common in three others (II, III, and IX).
 - **Use of less effective methods** ranged from 10% (X) to 25% (IX). Condoms were the second most common method in four regions (I, II, III, and IX) and the third most common in four others (IV, V, VI, and VII).
 - **Nonuse of contraception** because of pregnancy or the desire for pregnancy ranged from 6% (III) to 13% (IV).

- By **state**, there was wide variation in the percentage of female users at risk of unintended pregnancy who relied on most effective (<0.5% to 35%), moderately effective (28% to 88%), and less effective (5% to 38%) contraceptive methods (*Exhibit B-4*). Female users *at risk of unintended pregnancy* are either not pregnant, seeking pregnancy, or abstinent.

Trends in Female Primary Contraceptive Method Use

From 2006 to 2016, the percentage of all female users relying on a most, moderately, or less effective method ranged from 79% to 84%; 13% to 15% used no method either because they were pregnant, seeking pregnancy, or for other reasons; and 1% to 3% were abstinent (*Exhibits A-9a, A-9b, and A-9c*).

Use of most effective methods: Among all female users, the percentage relying on the *most effective methods* increased from 4% in 2006 to 17% in 2016. Numerically, the number of females relying on the most effective methods almost tripled, from 208,877 (2006) to 592,243 (2016), with long-acting reversible methods (IUD and implant) accounting for almost all of this increase (*Exhibits A-9a, A-9b, and A-9c*).

- IUD use among female users increased from 2% in 2006 to 8% in 2016. Numerically, the number of IUD users more than doubled, from 110,338 in 2006 to 288,939 in 2016.
- Implant use increased from less than 0.5% of female users in 2006 to 6% in 2016. Numerically, the number of implant users increased 82-fold, from 2,506 in 2006 to 209,014 in 2016. The Food and Drug Administration approved the use of a single-rod implant in 2006.

Use of moderately effective methods: The percentage of all female users relying on *moderately effective methods* decreased from 57% in 2006 to 45% in 2016. Numerically, the number of moderately effective method users declined 41%, from 2.7 million (2006) to 1.6 million (2016) (*Exhibits A-9a, A-9b, and A-9c*).

- The pill, used by 39% of female users in 2006 and 27% in 2016, was the preferred contraceptive method among female users in all years during this period.
- Injectable contraception, used by 12% of female users in 2006 and 15% in 2016 was the second most common method in 2014 and 2015 and the third most common method (after male condoms) in all other years.
- There was no change between 2006 and 2016 in the percentage of female users relying on the vaginal ring (2%), while the percentage using the contraceptive patch decreased from 4% in 2006 to 1% in 2016. In all years, less than 0.5% of female users relied on either the cervical cap or diaphragm.

Use of less effective methods: From 2006 to 2016, the percentage of all female users relying on *less effective methods* ranged from 18% to 21%, with 19% relying on these methods in 2006 and 18% in 2016. Numerically, the number of females relying on less effective methods declined 29% from 2006 (919,050) to 2016 (653,854). Reliance on male condoms accounted for 81% to 88% of less effective method use by female users during this same period (*Exhibits A-9a, A-9b, and A-9c*).

Exhibit 18. Number of female family planning users, by primary contraceptive method and age: 2016 (Source: FPAR Table 7)

Primary Method	All Age Groups	Under 15 Years	15 to 17 Years	18 to 19 Years	20 to 24 Years	25 to 29 Years	30 to 34 Years	35 to 39 Years	40 to 44 Years	Over 44 Years
Female sterilization	86,112	0	0	0	1,117	7,386	14,884	19,169	17,626	25,930
Intrauterine device	288,939	373	7,437	15,702	67,887	74,670	54,963	36,146	20,156	11,605
Hormonal implant	209,014	2,492	23,002	28,651	68,409	45,007	23,238	11,085	4,707	2,423
Hormonal injection	519,841 ^a	7,047 ^a	58,306 ^a	63,114 ^a	134,365 ^a	101,560 ^a	69,731 ^a	45,032 ^a	24,515 ^a	16,171 ^a
Oral contraceptive	946,383	7,322	76,156	111,830	288,296	213,803	122,525	65,727	35,599	25,125
Contraceptive patch	47,030	418	3,841	5,352	14,601	10,788	6,545	3,450	1,405	630
Vaginal ring	83,473	181	3,220	6,249	25,421	26,306	14,360	5,118	1,835	783
Cervical cap or diaphragm	2,130	17	188	158	389	417	398	283	131	149
Contraceptive sponge	138	2	7	6	25	27	24	18	14	15
Female condom	2,929	17	189	252	608	627	412	290	211	323
Spermicide (used alone)	1,848	23	119	134	354	374	325	247	141	131
FAM or LAM ^b	14,392	103	453	764	2,806	3,251	2,603	1,835	1,245	1,332
Abstinence ^c	89,102	11,445	12,678	6,392	13,863	12,321	9,038	7,241	5,695	10,429
Withdrawal or other method ^d	75,191	944	3,215	5,268	16,315	15,774	11,620	8,092	5,523	8,440
Rely on Male Method										
Vasectomy	8,178	0	12	74	428	870	1,430	2,079	1,636	1,649
Male condom	559,356	3,306	30,726	49,983	147,986	124,378	81,547	53,571	34,715	33,144
No Method										
Pregnant/seeking pregnancy	321,706	678	11,337	26,809	95,722	88,253	56,736	29,661	9,588	2,922
Other reason	175,371	2,723	8,054	12,311	36,841	35,216	25,557	18,712	12,775	23,182
Method Unknown	121,885	4,637	8,756	8,476	21,449	20,355	16,458	13,406	10,073	18,275
Total Female Users	3,553,018	41,728	247,696	341,525	936,882	781,383	512,394	321,162	187,590	182,658
Using Most, Moderately, or Less Effective Method^e	2,844,954	22,245	206,871	287,537	769,007	625,238	404,605	252,142	149,459	127,850
Most effective ^e	592,243	2,865	30,451	44,427	137,841	127,933	94,515	68,479	44,125	41,607
Moderately effective ^e	1,598,857	14,985	141,711	186,703	463,072	352,874	213,559	119,610	63,485	42,858
Less effective ^e	653,854	4,395	34,709	56,407	168,094	144,431	96,531	64,053	41,849	43,385
Abstinence	89,102	11,445	12,678	6,392	13,863	12,321	9,038	7,241	5,695	10,429
Not Using a Method	497,077	3,401	19,391	39,120	132,563	123,469	82,293	48,373	22,363	26,104
Method Unknown	121,885	4,637	8,756	8,476	21,449	20,355	16,458	13,406	10,073	18,275

FAM=fertility awareness-based method. LAM=lactational amenorrhea method.

^a Includes both 3-month and 1-month hormonal injection users.

^b FAMs include Calendar Rhythm, Standard Days[®], TwoDay, Billings Ovulation, and SymptoThermal methods.

^c User refrained from oral, vaginal, and anal intercourse.

^d Includes withdrawal or any other method not listed in FPAR Table 7.

^e **Most effective** methods include vasectomy, female sterilization, implant, and intrauterine device. **Moderately effective** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. **Less effective** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 7. See Table 7 comments in the **Field and Methodological Notes (Appendix C)**.

Exhibit 19. Distribution of female family planning users, by primary contraceptive method and age: 2016 (Source: FPAR Table 7)

Primary Method	All Age Groups	Under 15 Years	15 to 17 Years	18 to 19 Years	20 to 24 Years	25 to 29 Years	30 to 34 Years	35 to 39 Years	40 to 44 Years	Over 44 Years
Female sterilization	2%	0%	0%	0%	0%†	1%	3%	6%	9%	14%
Intrauterine device	8%	1%	3%	5%	7%	10%	11%	11%	11%	6%
Hormonal implant	6%	6%	9%	8%	7%	6%	5%	3%	3%	1%
Hormonal injection	15% ^a	17% ^a	24% ^a	18% ^a	14% ^a	13% ^a	14% ^a	14% ^a	13% ^a	9% ^a
Oral contraceptive	27%	18%	31%	33%	31%	27%	24%	20%	19%	14%
Contraceptive patch	1%	1%	2%	2%	2%	1%	1%	1%	1%	0%†
Vaginal ring	2%	0%†	1%	2%	3%	3%	3%	2%	1%	0%†
Cervical cap or diaphragm	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Contraceptive sponge	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Female condom	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Spermicide (used alone)	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
FAM or LAM ^b	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%
Abstinence ^c	3%	27%	5%	2%	1%	2%	2%	2%	3%	6%
Withdrawal or other method ^d	2%	2%	1%	2%	2%	2%	2%	3%	3%	5%
Rely on Male Method										
Vasectomy	0%†	0%	0%†	0%†	0%†	0%†	0%†	1%	1%	1%
Male condom	16%	8%	12%	15%	16%	16%	16%	17%	19%	18%
No Method										
Pregnant/seeking pregnancy	9%	2%	5%	8%	10%	11%	11%	9%	5%	2%
Other reason	5%	7%	3%	4%	4%	5%	5%	6%	7%	13%
Method Unknown	3%	11%	4%	2%	2%	3%	3%	4%	5%	10%
Total Female Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using Most, Moderately, or Less Effective Method^e	80%	53%	84%	84%	82%	80%	79%	79%	80%	70%
Most effective ^e	17%	7%	12%	13%	15%	16%	18%	21%	24%	23%
Moderately effective ^e	45%	36%	57%	55%	49%	45%	42%	37%	34%	23%
Less effective ^e	18%	11%	14%	17%	18%	18%	19%	20%	22%	24%
Abstinence	3%	27%	5%	2%	1%	2%	2%	2%	3%	6%
Not Using a Method	14%	8%	8%	11%	14%	16%	16%	15%	12%	14%
Method Unknown	3%	11%	4%	2%	2%	3%	3%	4%	5%	10%

FAM=fertility awareness-based method. LAM=lactational amenorrhea method.

Note: Due to rounding, percentages may not sum to 100%.

^a Includes both 3-month and 1-month hormonal injection users.

^b FAMs include Calendar Rhythm, Standard Days[®], TwoDay, Billings Ovulation, and SymptoThermal methods.

^c User refrained from oral, vaginal, and anal intercourse.

^d Includes withdrawal or any other method not listed in FPAR Table 7.

^e **Most effective** methods include vasectomy, female sterilization, implant, and intrauterine device. **Moderately effective** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. **Less effective** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 7. See Table 7 comments in the **Field and Methodological Notes (Appendix C)**.

† Percentage is less than 0.5%.

Exhibit 20. Number of female family planning users, by primary contraceptive method and region: 2016 (Source: FPAR Table 7)

Primary Method	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female sterilization	86,112	6,238	7,575	10,988	14,601	7,772	10,342	5,558	1,613	18,953	2,472
Intrauterine device	288,939	18,284	40,146	24,157	25,682	27,282	19,320	9,932	14,001	93,430	16,705
Hormonal implant	209,014	10,792	18,335	18,898	30,951	18,354	18,262	6,937	8,152	67,886	10,447
Hormonal injection	519,841 ^a	16,379 ^a	43,163 ^a	54,823 ^a	130,912 ^a	59,019	52,847 ^a	24,658	16,913 ^a	98,339 ^a	22,788
Oral contraceptive	946,383	40,062	108,262	88,616	151,422	107,118	72,310	37,224	33,365	258,524	49,480
Contraceptive patch	47,030	1,883	8,181	2,920	4,519	4,295	2,413	834	482	17,945	3,558
Vaginal ring	83,473	3,827	10,743	8,298	7,607	9,902	4,683	2,163	4,104	26,046	6,100
Cervical cap or diaphragm	2,130	128	200	404	116	135	120	53	66	774	134
Contraceptive sponge	138	14	17	15	22	12	11	2	9	28	8
Female condom	2,929	90	312	1,013	413	177	283	54	54	506	27
Spermicide (used alone)	1,848	32	81	211	351	61	888	25	23	124	52
FAM or LAM ^b	14,392	453	1,148	690	5,346	417	1,930	438	285	3,424	261
Abstinence ^c	89,102	8,153	6,148	9,889	21,159	6,573	7,153	2,127	2,754	21,689	3,457
Withdrawal or other method ^d	75,191	2,288	8,299	6,164	21,562	4,597	11,237	2,239	1,164	15,585	2,056
Rely on Male Method											
Vasectomy	8,178	516	619	830	1,206	439	1,047	331	466	2,229	495
Male condom	559,356	21,750	65,111	65,468	66,685	42,182	38,141	12,142	10,016	225,448	12,413
No Method											
Pregnant/seeking pregnancy	321,706	12,094	40,239	23,222	78,062	28,816	29,987	11,396	6,930	77,885	13,075
Other reason	175,371	9,214	26,532	24,829	30,554	17,241	28,786	4,765	3,185	26,099	4,166
Method Unknown	121,885	4,609	2,287	69,164	14,575	9,566	2,471	3,347	702	14,861	303
Total Female Users	3,553,018	156,806	387,398	410,599	605,745	343,958	302,231	124,225	104,284	969,775	147,997
Using Most, Moderately, or Less Effective Method^e	2,844,954	122,736	312,192	283,495	461,395	281,762	233,834	102,590	90,713	829,241	126,996
Most effective ^e	592,243	35,830	66,675	54,873	72,440	53,847	48,971	22,758	24,232	182,498	30,119
Moderately effective ^e	1,598,857	62,279	170,549	155,061	294,576	180,469	132,373	64,932	54,930	401,628	82,060
Less effective ^e	653,854	24,627	74,968	73,561	94,379	47,446	52,490	14,900	11,551	245,115	14,817
Abstinence	89,102	8,153	6,148	9,889	21,159	6,573	7,153	2,127	2,754	21,689	3,457
Not Using a Method	497,077	21,308	66,771	48,051	108,616	46,057	58,773	16,161	10,115	103,984	17,241
Method Unknown	121,885	4,609	2,287	69,164	14,575	9,566	2,471	3,347	702	14,861	303

FAM=fertility awareness-based method. LAM=lactational amenorrhea method.

^a Includes both 3-month and 1-month hormonal injection users.

^b FAMs include Calendar Rhythm, Standard Days[®], TwoDay, Billings Ovulation, and SymptoThermal methods.

^c User refrained from oral, vaginal, and anal intercourse.

^d Includes withdrawal or any other method not listed in FPAR Table 7.

^e **Most effective** methods include vasectomy, female sterilization, implant, and intrauterine device. **Moderately effective** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. **Less effective** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 7. See Table 7 comments in the *Field and Methodological Notes (Appendix C)*.

Exhibit 21. Distribution of female family planning users, by primary contraceptive method and region: 2016 (Source: FPAR Table 7)

Primary Method	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female sterilization	2%	4%	2%	3%	2%	2%	3%	4%	2%	2%	2%
Intrauterine device	8%	12%	10%	6%	4%	8%	6%	8%	13%	10%	11%
Hormonal implant	6%	7%	5%	5%	5%	5%	6%	6%	8%	7%	7%
Hormonal injection	15% ^a	10% ^a	11% ^a	13% ^a	22% ^a	17%	17% ^a	20%	16% ^a	10% ^a	15%
Oral contraceptive	27%	26%	28%	22%	25%	31%	24%	30%	32%	27%	33%
Contraceptive patch	1%	1%	2%	1%	1%	1%	1%	1%	0%†	2%	2%
Vaginal ring	2%	2%	3%	2%	1%	3%	2%	2%	4%	3%	4%
Cervical cap or diaphragm	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Contraceptive sponge	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Female condom	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Spermicide (used alone)	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
FAM or LAM ^b	0%†	0%†	0%†	0%†	1%	0%†	1%	0%†	0%†	0%†	0%†
Abstinence ^c	3%	5%	2%	2%	3%	2%	2%	2%	3%	2%	2%
Withdrawal or other method ^d	2%	1%	2%	2%	4%	1%	4%	2%	1%	2%	1%
Rely on Male Method											
Vasectomy	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Male condom	16%	14%	17%	16%	11%	12%	13%	10%	10%	23%	8%
No Method											
Pregnant/seeking pregnancy	9%	8%	10%	6%	13%	8%	10%	9%	7%	8%	9%
Other reason	5%	6%	7%	6%	5%	5%	10%	4%	3%	3%	3%
Method Unknown	3%	3%	1%	17%	2%	3%	1%	3%	1%	2%	0%†
Total Female Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using Most, Moderately, or Less Effective Method^e	80%	78%	81%	69%	76%	82%	77%	83%	87%	86%	86%
Most effective ^e	17%	23%	17%	13%	12%	16%	16%	18%	23%	19%	20%
Moderately effective ^e	45%	40%	44%	38%	49%	52%	44%	52%	53%	41%	55%
Less effective ^e	18%	16%	19%	18%	16%	14%	17%	12%	11%	25%	10%
Abstinence	3%	5%	2%	2%	3%	2%	2%	2%	3%	2%	2%
Not Using a Method	14%	14%	17%	12%	18%	13%	19%	13%	10%	11%	12%
Method Unknown	3%	3%	1%	17%	2%	3%	1%	3%	1%	2%	0%†

FAM=fertility awareness-based method. LAM=lactational amenorrhea method.

Note: Due to rounding, percentages may not sum to 100%.

^a Includes both 3-month and 1-month hormonal injection users.

^b FAMs include Calendar Rhythm, Standard Days[®], TwoDay, Billings Ovulation, and SymptoThermal methods.

^c User refrained from oral, vaginal, and anal intercourse.

^d Includes withdrawal or any other method not listed in FPAR Table 7.

^e **Most effective** methods include vasectomy, female sterilization, implant, and intrauterine device. **Moderately effective** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. **Less effective** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 7. See Table 7 comments in the *Field and Methodological Notes (Appendix C)*.

† Percentage is less than 0.5%.

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Male Users by Primary Contraceptive Method (Exhibits 22 through 25)

In 2016, grantees reported that 76% (345,298) of all male users adopted or continued use of a most, moderately, or less effective primary method at their last encounter in the reporting period. Eight percent (37,459) of males used no primary method, either because their partners were pregnant or seeking pregnancy (1%) or for other reasons (7%), and another 7% (32,464) reported that they were abstinent. The type of primary contraceptive method used was unknown or not reported for 9% (39,313) of male users (*Exhibits 22 and 23*).

- By **type of method**, two-thirds (65%) of all male users relied on male condoms, followed by reliance on a female method (6%), withdrawal (3%), vasectomy (1%), and a FAM (less than 0.5%) (*Exhibits 22 and 23*).
- By **age group**, from 25% (under 15) to 85% (20 to 29) of male users relied on a most, moderately, or less effective method. Across all age groups, the two leading contraceptive methods were male condoms, which were the primary method for 14% to 77% of male users, and reliance on a female method, a choice for 3% to 10% of male users (*Exhibits 22 and 23*). Other findings by age group were as follows:
 - Vasectomy prevalence was 1% to 3% among males 30 or over, less than 0.5% among males 20 to 29, and 0% for males under 20.
 - Nonuse of contraception because a partner was pregnant or seeking pregnancy was less than 0.5% among males under 15 and from 1% to 2% of males in all other age groups.
- By **region**, the percentage of males who exited the encounter with a most, moderately, or less effective method ranged from 54% (III) to 88% (IX) (*Exhibits 24 and 25*).
 - Male condoms, the leading primary method for males in all regions, were used by 44% (IV) to 81% (IX) of male users. The percentage of males relying on a female method, the second most common primary method for males in all regions except Region X, ranged from 3% (VI) to 18% (VIII).
 - Nonuse of contraception because a partner was pregnant or seeking pregnancy ranged from less than 0.5% (III) to 2% (IV, V, and VI).

Exhibit 22. Number of male family planning users, by primary contraceptive method and age: 2016 (Source: FPAR Table 8)

Primary Method	All Age Groups	Under 15 Years	15 to 17 Years	18 to 19 Years	20 to 24 Years	25 to 29 Years	30 to 34 Years	35 to 39 Years	40 to 44 Years	Over 44 Years
Vasectomy	3,296	0	0	0	76	268	543	739	653	1,017
Male condom	297,265	2,340	15,143	23,479	82,034	72,354	42,223	24,068	13,165	22,459
FAM ^a	1,873	4	30	95	430	482	288	231	115	198
Abstinence ^b	32,464	8,112	6,987	2,058	2,817	2,437	1,963	1,665	1,292	5,133
Withdrawal or other method ^c	14,135	895	510	596	2,378	2,245	1,779	1,342	1,087	3,303
Rely on female method ^d	28,729	955	925	1,418	5,364	5,488	4,180	3,047	2,296	5,056
No Method										
Partner pregnant/seeking pregnancy	5,730	25	171	203	1,097	1,242	1,044	683	449	816
Other reason	31,729	875	1,446	2,002	6,605	5,851	4,035	2,850	2,120	5,945
Method Unknown	39,313	3,715	2,591	1,877	5,388	5,171	4,124	3,321	2,557	10,569
Total Male Users	454,534	16,921	27,803	31,728	106,189	95,538	60,179	37,946	23,734	54,496
Using most, moderately, or less effective method ^e	345,298	4,194	16,608	25,588	90,282	80,837	49,013	29,427	17,316	32,033
Abstinence ^b	32,464	8,112	6,987	2,058	2,817	2,437	1,963	1,665	1,292	5,133
Not using a method	37,459	900	1,617	2,205	7,702	7,093	5,079	3,533	2,569	6,761
Method unknown	39,313	3,715	2,591	1,877	5,388	5,171	4,124	3,321	2,557	10,569

FAM=fertility awareness-based method.

^a FAMs include Calendar Rhythm, Standard Days[®], TwoDay, Billings Ovulation, and SymptoThermal methods.

^b User refrained from oral, vaginal, and anal intercourse.

^c Includes withdrawal or any other method not listed in FPAR Table 8.

^d Primary method of user's sex partner was female sterilization, intrauterine device, hormonal implant, hormonal injection, oral contraceptive, contraceptive patch, vaginal ring, female barrier method (cervical cap, diaphragm, sponge, female condom), spermicide, or the lactational amenorrhea method.

^e **Most effective** methods include vasectomy, female sterilization, implant, and intrauterine device. **Moderately effective** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. **Less effective** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 8. See Table 8 comments in the **Field and Methodological Notes (Appendix C)**.

Exhibit 23. Distribution of male family planning users, by primary contraceptive method and age: 2016 (Source: FPAR Table 8)

Primary Method	All Age Groups	Under 15 Years	15 to 17 Years	18 to 19 Years	20 to 24 Years	25 to 29 Years	30 to 34 Years	35 to 39 Years	40 to 44 Years	Over 44 Years
Vasectomy	1%	0%	0%	0%	0%†	0%†	1%	2%	3%	2%
Male condom	65%	14%	54%	74%	77%	76%	70%	63%	55%	41%
FAM ^a	0%†	0%†	0%†	0%†	0%†	1%	0%†	1%	0%†	0%†
Abstinence ^b	7%	48%	25%	6%	3%	3%	3%	4%	5%	9%
Withdrawal or other method ^c	3%	5%	2%	2%	2%	2%	3%	4%	5%	6%
Rely on female method ^d	6%	6%	3%	4%	5%	6%	7%	8%	10%	9%
No Method										
Partner pregnant/seeking pregnancy	1%	0%†	1%	1%	1%	1%	2%	2%	2%	1%
Other reason	7%	5%	5%	6%	6%	6%	7%	8%	9%	11%
Method Unknown	9%	22%	9%	6%	5%	5%	7%	9%	11%	19%
Total Male Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using most, moderately, or less effective method ^e	76%	25%	60%	81%	85%	85%	81%	78%	73%	59%
Abstinence ^b	7%	48%	25%	6%	3%	3%	3%	4%	5%	9%
Not using a method	8%	5%	6%	7%	7%	7%	8%	9%	11%	12%
Method unknown	9%	22%	9%	6%	5%	5%	7%	9%	11%	19%

FAM=fertility awareness-based method.

Note: Due to rounding, percentages may not sum to 100%.

^a FAMs include Calendar Rhythm, Standard Days[®], TwoDay, Billings Ovulation, and SymptoThermal methods.

^b User refrained from oral, vaginal, and anal intercourse.

^c Includes withdrawal or any other method not listed in FPAR Table 8.

^d Primary method of user's sex partner was female sterilization, intrauterine device, hormonal implant, hormonal injection, oral contraceptive, contraceptive patch, vaginal ring, female barrier method (cervical cap, diaphragm, sponge, female condom), spermicide, or the lactational amenorrhea method.

^e **Most effective** methods include vasectomy, female sterilization, implant, and intrauterine device. **Moderately effective** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. **Less effective** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 8. See Table 8 comments in the **Field and Methodological Notes (Appendix C)**.

† Percentage is less than 0.5%.

Exhibit 24. Number of male family planning users, by primary contraceptive method and region: 2016 (Source: FPAR Table 8)

Primary Method	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Vasectomy	3,296	186	111	150	745	326	196	88	445	817	232
Male condom	297,265	15,029	30,163	30,898	27,976	34,721	23,393	7,877	12,656	107,830	6,722
FAM ^a	1,873	25	35	69	685	3	835	31	39	141	10
Abstinence ^b	32,464	3,988	1,241	3,023	11,407	1,711	2,150	238	1,345	4,482	2,879
Withdrawal or other method ^c	14,135	668	1,400	1,645	3,864	1,114	592	402	300	3,385	765
Rely on female method ^d	28,729	2,237	1,565	3,513	7,825	2,092	941	1,022	3,607	5,303	624
No Method											
Partner pregnant/seeking pregnancy	5,730	397	214	234	1,122	888	601	87	239	1,820	128
Other reason	31,729	2,589	5,452	3,824	3,570	3,978	3,234	722	941	6,370	1,049
Method Unknown	39,313	1,458	567	23,630	6,804	1,750	760	1,215	165	2,913	51
Total Male Users	454,534	26,577	40,748	66,986	63,998	46,583	32,702	11,682	19,737	133,061	12,460
Using most, moderately, or less effective method ^e	345,298	18,145	33,274	36,275	41,095	38,256	25,957	9,420	17,047	117,476	8,353
Abstinence ^b	32,464	3,988	1,241	3,023	11,407	1,711	2,150	238	1,345	4,482	2,879
Not using a method	37,459	2,986	5,666	4,058	4,692	4,866	3,835	809	1,180	8,190	1,177
Method unknown	39,313	1,458	567	23,630	6,804	1,750	760	1,215	165	2,913	51

FAM=fertility awareness-based method.

^a FAMs include Calendar Rhythm, Standard Days[®], TwoDay, Billings Ovulation, and SymptoThermal methods.

^b User refrained from oral, vaginal, and anal intercourse.

^c Includes withdrawal or any other method not listed in FPAR Table 8.

^d Primary method of user's sex partner was female sterilization, intrauterine device, hormonal implant, hormonal injection, oral contraceptive, contraceptive patch, vaginal ring, female barrier method (cervical cap, diaphragm, sponge, female condom), spermicide, or the lactational amenorrhea method.

^e **Most effective** methods include vasectomy, female sterilization, implant, and intrauterine device. **Moderately effective** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. **Less effective** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 8. See Table 8 comments in the **Field and Methodological Notes (Appendix C)**.

Exhibit 25. Distribution of male family planning users, by primary contraceptive method and region: 2016 (Source: FPAR Table 8)

Primary Method	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Vasectomy	1%	1%	0%†	0%†	1%	1%	1%	1%	2%	1%	2%
Male condom	65%	57%	74%	46%	44%	75%	72%	67%	64%	81%	54%
FAM ^a	0%†	0%†	0%†	0%†	1%	0%†	3%	0%†	0%†	0%†	0%†
Abstinence ^b	7%	15%	3%	5%	18%	4%	7%	2%	7%	3%	23%
Withdrawal or other method ^c	3%	3%	3%	2%	6%	2%	2%	3%	2%	3%	6%
Rely on female method ^d	6%	8%	4%	5%	12%	4%	3%	9%	18%	4%	5%
No Method											
Partner pregnant/seeking pregnancy	1%	1%	1%	0%†	2%	2%	2%	1%	1%	1%	1%
Other reason	7%	10%	13%	6%	6%	9%	10%	6%	5%	5%	8%
Method Unknown	9%	5%	1%	35%	11%	4%	2%	10%	1%	2%	0%†
Total Male Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using most, moderately, or less effective method ^e	76%	68%	82%	54%	64%	82%	79%	81%	86%	88%	67%
Abstinence ^b	7%	15%	3%	5%	18%	4%	7%	2%	7%	3%	23%
Not using a method	8%	11%	14%	6%	7%	10%	12%	7%	6%	6%	9%
Method unknown	9%	5%	1%	35%	11%	4%	2%	10%	1%	2%	0%†

FAM=fertility awareness-based method.

Note: Due to rounding, percentages may not sum to 100%.

^a FAMs include Calendar Rhythm, Standard Days[®], TwoDay, Billings Ovulation, and SymptoThermal methods.

^b User refrained from oral, vaginal, and anal intercourse.

^c Includes withdrawal or any other method not listed in FPAR Table 8.

^d Primary method of user's sex partner was female sterilization, intrauterine device, hormonal implant, hormonal injection, oral contraceptive, contraceptive patch, vaginal ring, female barrier method (cervical cap, diaphragm, sponge, female condom), spermicide, or the lactational amenorrhea method.

^e **Most effective** methods include vasectomy, female sterilization, implant, and intrauterine device. **Moderately effective** methods include hormonal methods (injection, pill, patch, and ring), diaphragm with spermicidal cream/jelly, and the cervical cap. **Less effective** methods include male and female condoms, withdrawal, sponge, spermicide (used alone), FAM or LAM, and other methods not listed in Table 8. See Table 8 comments in the **Field and Methodological Notes (Appendix C)**.

† Percentage is less than 0.5%.

Guidance for Reporting Cervical and Breast Cancer Screening Activities in FPAR Tables 9 and 10

In FPAR **Table 9**, grantees report the following information on cervical cancer screening activities:

- Unduplicated number of female users who obtained a Pap test;
- Number of Pap tests performed;
- Number of Pap tests with an ASC or higher result according to the 2014 Bethesda System.¹⁷ ASC or higher results include ASC-US; ASC-H; LSIL; HSIL; squamous cell carcinoma; AGC; AGC, favor neoplastic; endocervical AIS; adenocarcinoma; or other malignant neoplasms; and
- Number of Pap tests with an HSIL or higher result according to the 2014 Bethesda System.¹⁷ HSIL or higher results include HSIL; squamous cell carcinoma; AGC; AGC, favor neoplastic; endocervical AIS; adenocarcinoma; or other malignant neoplasms.

In FPAR **Table 10**, grantees report the following information on breast cancer screening and referral activities:

- Unduplicated number of female users receiving a clinical breast exam (CBE).
- Unduplicated number of female users referred for further evaluation based on CBE results.

The FPAR instructions provide the following guidance for reporting this information:

Tests—Report Pap tests and CBEs performed during the reporting period that are provided within the scope of the agency's Title X project.

- **Squamous Cell Abnormalities**—The 2014 Bethesda System¹⁷ classifies squamous cell abnormalities into the following categories:
- **Atypical squamous cells of undetermined significance (ASC-US) or atypical squamous cells, cannot exclude HSIL (ASC-H) – ASC** is a finding of abnormal squamous cells in the tissue lining the outer part of the cervix. **ASC-US** is the most common abnormal finding in a Pap test. An ASC-US result may be caused by a human papillomavirus (HPV), a benign growth (e.g., cyst or polyp), or low hormone levels in menopausal women. **ASC-H** may be a sign of a high-grade squamous intraepithelial lesion (HSIL), which may become cervical cancer if untreated.¹⁸
- **Low-grade squamous intraepithelial lesion (LSIL)** is a finding of slightly abnormal cells on the surface of the cervix caused by certain types of HPV. LSIL is a common abnormal finding on a Pap test. Mild dysplasia and cervical intraepithelial neoplasia (CIN) 1 are other terms for referring to LSILs.¹⁸
- **High-grade squamous intraepithelial lesion (HSIL)** is a growth on the surface of the cervix with moderately or severely abnormal cells. HSILs are usually caused by certain types of HPV. If not treated, these abnormal cells may become cancer and spread to normal tissue. HSIL encompasses moderate dysplasia (CIN 2) or severe dysplasia and carcinoma in situ (CIN 3).¹⁸
- **Squamous cell carcinoma** is a finding of cancer in the squamous cells of the cervix.¹⁸

Glandular Cell Abnormalities—The 2014 Bethesda System¹⁷ classifies glandular cell abnormalities into the following categories:

- **Atypical glandular cells (AGCs)** is a finding of abnormal cells that come from glands in the walls of the cervix. The presence of these abnormal cells may be a sign of more serious lesions or cancer.¹⁸ The 2014 Bethesda System¹⁷ subdivides AGCs into two categories:
 - AGC—endocervical, endometrial, or glandular cells—not otherwise specified
 - AGC—endocervical or glandular cells—favor neoplastic.
- **Endocervical adenocarcinoma in situ (AIS)** is a finding of abnormal cells found in the glandular tissue lining the endocervical canal. AIS may become cancer and spread to nearby normal tissue.¹⁸
- **Adenocarcinoma** is a finding of cancer in endocervical, endometrial, extrauterine, or not otherwise specified glandular tissue.¹⁸

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued October 2016), pp. 33–35.

CERVICAL AND BREAST CANCER SCREENING

According to the *QFP Recommendations*,¹⁶ providers should assess clients' need for related preventive health services (e.g., cervical and breast cancer screening) and provide these services according to federal and professional recommendations regarding frequency, client eligibility, and procedures. This assessment is especially important for clients whose only source of health care is the Title X service site.

Cervical Cancer Screening (Exhibit 26)

In 2016, Title X service sites provided Papanicolaou (Pap) testing to 19% (687,373) of female family planning users and performed 720,215 Pap tests (2.0 tests per 10 female users). Of the Pap tests performed, 14% had an indeterminate or abnormal result (i.e., atypical squamous cell [ASC] or higher result) requiring further evaluation and possible treatment, and 1% had a result of high-grade squamous intraepithelial lesion (HSIL) or higher, indicating the presence of a more severe condition (*Exhibit 26*). By region, the percentage of total female users who received a Pap test ranged from 15% (V) to 25% (IV and VII). From 12% (IV and VI) to 20% (VIII) of Pap tests had an ASC or higher result, and 1% of Pap tests in all but two regions (I and IX reported 2%) had an HSIL or higher result.

In 2016, the percentage of female users who received a Pap test (19%) was substantially lower than in 2006 (49%) (*Exhibits A-10a* and *A-10b*). The downward trend in cervical cancer screening is consistent with changing screening recommendations, which raised the age at first Pap test to 21 years and lengthened the testing interval for women with normal results.

Breast Cancer Screening (Exhibit 26)

In 2016, Title X service sites provided clinical breast exams (CBEs) to close to 1 million (26%) female users and referred 4% (39,689) of those examined for further evaluation based on CBE results. By region, from 15% (IX) to 43% (VIII) of female users received a CBE, and from 1% (VIII) to 11% (IX) of those examined were referred for further evaluation (*Exhibit 26*).

Exhibit 26. Cervical and breast cancer screening activities, by screening test or exam and region: 2016 (Source: FPAR Tables 9 and 10)

Tests/Exams	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Pap Tests											
Female users tested											
Number ^a	687,373	26,284	79,512	76,345	151,496	50,813	70,132	31,314	19,564	155,173	26,740
Percentage ^b	19%	17%	21%	19%	25%	15%	23%	25%	19%	16%	18%
Tests performed											
Number	720,215	26,778	81,530	92,062	157,156	52,975	71,331	32,026	20,051	159,313	26,993
Tests per 10 users	2.0	1.7	2.1	2.2	2.6	1.5	2.4	2.6	1.9	1.6	1.8
Tests with ASC or higher result											
Number	102,394	4,605	15,589	11,724	19,518	8,515	8,661	4,347	3,933	21,127	4,375
Percentage ^c	14%	17%	19%	13%	12%	16%	12%	14%	20%	13%	16%
Tests with HSIL or higher result											
Number	9,484	455	904	1,047	1,797	688	770	375	290	2,897	261
Percentage ^c	1%	2%	1%	1%	1%	1%	1%	1%	1%	2%	1%
Clinical Breast Exams											
Female users examined											
Number ^a	919,202	36,422	113,997	86,733	250,867	66,607	103,720	46,304	44,739	142,851	26,962
Percentage ^b	26%	23%	29%	21%	41%	19%	34%	37%	43%	15%	18%
Female users referred based on exam											
Number	39,689	1,658	2,761	6,632	4,416	2,464	3,475	1,823	393	15,371	696
Percentage ^d	4%	5%	2%	8%	2%	4%	3%	4%	1%	11%	3%

ASC=atypical squamous cells. **HSIL**=high-grade squamous epithelial lesion.

^a Unduplicated number of female users.

^b Denominator is the total unduplicated number of female users.

^c Denominator is the total number of Pap tests performed.

^d Denominator is the total unduplicated number of users examined.

SEXUALLY TRANSMITTED DISEASE TESTING

Sexually transmitted diseases (STDs) are a concern for clients served by Title X services grantees, particularly young (15 to 24) sexually active women who have the highest reported rates of chlamydia and gonorrhea.¹⁹ According to the *QFP Recommendations*,¹⁶ STD services are integral to family planning services because they improve health and can affect a person's ability to conceive and have a healthy birth outcome. The *QFP Recommendations* advise providers to offer STD services to clients, both symptomatic and asymptomatic, in accordance with the Centers for Disease Control and Prevention's (CDC's) STD treatment²⁰ and HIV testing guidelines.²¹

Chlamydia Testing (Exhibits 27 and 28)

Chlamydia Testing of Female Users: CDC recommends routine annual chlamydia screening for all sexually active women under 25 and for sexually active older women (25 or older) at increased risk of infection (e.g., with a new or multiple sex partners, a sex partner with concurrent partners, or sexual partner with an STD).²⁰ For sexually active women with HIV, CDC recommends chlamydia screening at the first HIV evaluation and at least annually thereafter unless risk behaviors and the local epidemiology warrant more frequent screening.²⁰

In 2016, Title X service sites tested 51% (1.8 million) of all female users for chlamydia, and 61% (953,273) of females under 25 (*Exhibits 27 and 28*).

- By **age group**, chlamydia testing rates were higher among females 15 to 24 (60% to 63%) than those under 15 (34%) or over 24 (43%) (*Exhibits 27 and 28*).
- By **region**, the chlamydia testing rate for females under 25 ranged from 45% (III) to 72% (IX) (*Exhibits 27 and 28*).
- By **state**, chlamydia testing rates for females under 25 ranged from 0% to 78% (*Exhibit B-5*).

Since 2006, the rate of chlamydia testing for females under 25 has gradually increased. In 2016, the testing rate (61%) was 10 points higher than in 2006 (51%) (*Exhibits A-11a and A-11b*).

Chlamydia Testing of Male Users: CDC recommends that providers consider screening young men for chlamydia in high-prevalence clinical settings (e.g., adolescent clinics, correctional facilities, and STD clinics) and in populations with a high burden of infection (e.g., men who have sex with men [MSM]). In addition, CDC recommends screening sexually active MSM at anatomic sites of contact (urethra and rectum) at least annually, or every 3 to 6 months if at increased risk, and sexually active men with HIV at the first HIV evaluation and at least annually thereafter unless risk behaviors and the local epidemiology warrant more frequent screening.²⁰

In 2016, Title X service sites tested 66% (299,362) of all male users for chlamydia (*Exhibits 27 and 28*).

- By **age group**, rates of chlamydia testing were higher for males 18 to 19 (71%) and 20 to 24 (80%) and lower for males 15 to 17 (49%) and under 15 (10%).
- By **region**, Title X service sites tested between 38% (IV) and 82% (V) of all male users for chlamydia.

Gonorrhea Testing (Exhibit 29)

CDC recommends annual gonorrhea screening for all sexually active women under 25 and for sexually active older women (25 or older) at increased risk of infection (e.g., new or multiple sex partners, a sex partner with concurrent partners, a sex partner who has an STD, inconsistent condom use among persons who are not in mutually monogamous relationships, previous or coexisting STDs, and exchanging sex for drugs or money). CDC also recommends screening sexually active MSM at anatomic sites of contact (urethra, rectum, and pharynx) at least annually or every 3 to 6 months if at increased risk. Finally, CDC recommends screening sexually active persons with HIV at the first HIV evaluation and at least annually thereafter unless individual risk behaviors and the local epidemiology warrant more frequent screening.²⁰

In 2016, Title X service sites performed just over 2.3 million gonorrhea tests, or an average of 5.6 gonorrhea tests for every 10 female users and 7.2 tests for every 10 male users. By region, the rate of gonorrhea testing ranged from 4.4 (VIII) to 6.2 (II) tests for every 10 female users and from 3.9 (IV) to 9.1 (V) tests for every 10 male users (*Exhibit 29*).

Syphilis Testing (Exhibit 29)

CDC recommends syphilis screening for sexually active MSM at least annually or every 3 to 6 months if at increased risk. CDC also recommends screening sexually active persons with HIV at the first HIV evaluation and at least annually thereafter unless individual risk behaviors and the local epidemiology warrant more frequent screening.²⁰

In 2016, Title X service sites performed 635,842 syphilis tests, or an average of 1.4 syphilis tests for every 10 female users and 3.3 tests for every 10 male users. By region, the rate of syphilis testing ranged from 0.2 tests (VIII) to 2.5 tests (IV) for every 10 female users and from 1.1 tests (VIII) to 5.4 tests (VI) for every 10 male users (*Exhibit 29*).

Human Immunodeficiency Virus Testing (Exhibit 29)

CDC recommends HIV screening (opt-out approach) for men and women 13 to 64 in all health care settings, including family planning, and for men and women who seek evaluation and treatment for STDs. CDC also recommends HIV screening at least annually for sexually active MSM if their HIV status is unknown or negative and the client himself or his partner(s) has had more than one sex partner since the most recent HIV test.^{20,21}

In 2016, Title X service sites performed almost 1.2 million confidential HIV tests, or an average of 2.5 confidential HIV tests for every 10 female users and 5.7 tests for every 10 male users. Of the confidential HIV tests performed, 2,824 or 2.4 tests per 1,000 tests performed, were positive for HIV. In addition, Title X sites performed 3,886 anonymous HIV tests. By region, the rate of HIV testing ranged from 1.0 test (X) to 3.2 tests (II) for every 10 female users and from 2.9 tests (IV) to 7.6 tests (IX) for every 10 male users (*Exhibit 29*).

From 2006 to 2016, the rate of confidential HIV testing among female and male users increased from 1.2 (2006) to 2.5 (2016) tests per 10 female users and from 3.5 (2006) to 5.7 (2016) tests per 10 male users (*Exhibits A-12a* and *A-12b*).

Guidance for Reporting STD Testing Activities in FPAR Tables 11 and 12

In FPAR **Tables 11** and **12**, grantees report testing information for chlamydia (**Table 11**), gonorrhea (**Table 12**), syphilis (**Table 12**), and HIV (**Table 12**).

In FPAR **Table 11**, grantees report the unduplicated number of family planning users tested for chlamydia, by age group (<15, 15–17, 18–19, 20–24, and 25 or over) and sex.

In FPAR **Table 12**, grantees report the following information on gonorrhea, syphilis, and HIV testing:

- Number of gonorrhea tests performed, by sex;
- Number of syphilis tests performed, by sex;
- Number of confidential HIV tests performed, by sex;
- Number of confidential HIV tests with a positive result; and
- Number of anonymous HIV tests performed.

The FPAR instructions provide the following guidance for reporting this information:

Age Group—Use the client’s age as of June 30 of the reporting period.

Tests—Report STD (chlamydia, gonorrhea, and syphilis) and HIV (confidential and anonymous) tests performed during the reporting period that are provided within the scope of the grantee’s Title X project. Do not report tests performed in an STD clinic operated by the Title X-funded agency, unless the activities of the STD clinic are within the defined scope of the agency’s Title X project.

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued October 2016), p. 39–40.

Exhibit 27. Number of family planning users tested for chlamydia, by sex, age, and region: 2016 (Source: FPAR Table 11)

Age Group (Years)	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female Users											
Under 15	14,049	595	1,089	1,994	3,306	1,224	1,432	520	546	2,593	750
15 to 17	147,832	6,511	13,733	14,366	24,877	15,169	12,653	5,688	6,057	40,125	8,653
18 to 19	214,007	8,460	20,434	17,378	33,937	21,929	16,937	7,730	8,574	68,380	10,248
20 to 24	577,385	22,481	59,355	43,332	91,056	59,297	43,145	18,569	17,872	198,620	23,658
Over 24	846,568	41,184	112,567	78,438	141,762	77,236	72,302	25,829	16,100	253,077	28,073
Subtotal	1,799,841	79,231	207,178	155,508	294,938	174,855	146,469	58,336	49,149	562,795	71,382
Under 25^a	953,273	38,047	94,611	77,070	153,176	97,619	74,167	32,507	33,049	309,718	43,309
Male Users											
Under 15	1,612	180	67	561	226	64	34	43	30	389	18
15 to 17	13,665	1,136	1,194	2,920	1,062	1,097	543	541	519	4,234	419
18 to 19	22,668	1,226	2,441	3,186	1,830	2,703	1,289	831	1,048	7,556	558
20 to 24	84,738	4,664	9,319	8,420	6,244	11,798	5,313	2,764	4,170	29,976	2,070
Over 24	176,679	9,688	17,249	18,044	14,705	22,632	12,325	4,670	8,773	64,063	4,530
Subtotal	299,362	16,894	30,270	33,131	24,067	38,294	19,504	8,849	14,540	106,218	7,595
All Users											
Under 15	15,661	775	1,156	2,555	3,532	1,288	1,466	563	576	2,982	768
15 to 17	161,497	7,647	14,927	17,286	25,939	16,266	13,196	6,229	6,576	44,359	9,072
18 to 19	236,675	9,686	22,875	20,564	35,767	24,632	18,226	8,561	9,622	75,936	10,806
20 to 24	662,123	27,145	68,674	51,752	97,300	71,095	48,458	21,333	22,042	228,596	25,728
Over 24	1,023,247	50,872	129,816	96,482	156,467	99,868	84,627	30,499	24,873	317,140	32,603
Total All Users	2,099,203	96,125	237,448	188,639	319,005	213,149	165,973	67,185	63,689	669,013	78,977

^a The U.S. Centers for Disease Control and Prevention (CDC) recommends routine annual chlamydia screening for all sexually active women 24 years or younger and for older (25 years or older) women at increased risk of infection (e.g., with a new or multiple sex partners, a sex partner with concurrent partners, or sexual partner with an STD). The U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection in sexually active women 24 years or younger and in older women who are at increased risk for infection. In the absence of studies on screening intervals, the USPSTF recommends rescreening women whose sexual history reveals new or persistent risk factors since the last negative test result. (Sources: CDC [2015]. Sexually transmitted diseases treatment guidelines, 2015. *MMWR*, 64[No. RR-3], 1–137 [see reference 20] and USPSTF [2014, September]. *Gonorrhea and chlamydia: Screening* [see reference 22])

Exhibit 28. Percentage of family planning users in each age group tested for chlamydia, by sex, age, and region: 2016 (Source: FPAR Table 11)

Age Group (Years)	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Female Users											
Under 15	34%	24%	38%	23%	28%	39%	42%	36%	36%	53%	51%
15 to 17	60%	48%	60%	45%	57%	58%	58%	57%	63%	73%	61%
18 to 19	63%	56%	62%	46%	61%	60%	59%	60%	63%	74%	62%
20 to 24	62%	60%	59%	46%	61%	60%	58%	59%	58%	71%	59%
Over 24	43%	47%	49%	33%	41%	43%	42%	38%	33%	47%	37%
Subtotal	51%	51%	53%	38%	49%	51%	48%	47%	47%	58%	48%
Under 25^a	61%	55%	59%	45%	59%	59%	58%	58%	59%	72%	60%
Male Users											
Under 15	10%	14%	7%	11%	3%	12%	6%	30%	7%	28%	35%
15 to 17	49%	37%	45%	43%	26%	65%	35%	84%	45%	74%	81%
18 to 19	71%	63%	73%	59%	56%	83%	48%	83%	72%	87%	83%
20 to 24	80%	82%	81%	67%	65%	87%	68%	82%	81%	88%	75%
Over 24	65%	66%	77%	49%	36%	82%	61%	72%	76%	77%	53%
Subtotal	66%	64%	74%	49%	38%	82%	60%	76%	74%	80%	61%
All Users											
Under 15	27%	21%	31%	18%	19%	35%	37%	36%	30%	47%	50%
15 to 17	59%	46%	58%	45%	55%	59%	56%	59%	61%	73%	62%
18 to 19	63%	57%	63%	48%	61%	62%	58%	62%	64%	75%	63%
20 to 24	63%	63%	61%	48%	61%	63%	59%	61%	61%	73%	60%
Over 24	45%	49%	52%	35%	41%	48%	44%	41%	41%	51%	39%
Total All Users	52%	52%	55%	39%	48%	55%	50%	49%	51%	61%	49%

^a The U.S. Centers for Disease Control and Prevention (CDC) recommends routine annual chlamydia screening for all sexually active women 24 years or younger and for older (25 years or older) women at increased risk of infection (e.g., with a new or multiple sex partners, a sex partner with concurrent partners, or sexual partner with an STD). The U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection in sexually active women 24 years or younger and in older women who are at increased risk for infection. In the absence of studies on screening intervals, the USPSTF recommends rescreening women whose sexual history reveals new or persistent risk factors since the last negative test result. (Sources: CDC [2015]. Sexually transmitted diseases treatment guidelines, 2015. *MMWR*, 64[No. RR-3], 1–137 [see reference 20] and USPSTF [2014, September]. *Gonorrhea and chlamydia: Screening* [see reference 22])

Exhibit 29. Number of gonorrhea, syphilis, and HIV tests performed, by test type and region, and number of positive HIV tests, by region: 2016 (Source: FPAR Table 12)

STD Tests	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Gonorrhea Tests											
Female	1,989,889	76,442	239,723	211,039	315,463	209,449	159,279	62,848	45,783	594,159	75,704
Male	326,051	16,806	33,575	38,500	24,741	42,517	20,700	9,416	13,929	117,897	7,970
Total	2,315,940	93,248	273,298	249,539	340,204	251,966	179,979	72,264	59,712	712,056	83,674
Tests per 10 Users											
Female	5.6	4.9	6.2	5.1	5.2	6.1	5.3	5.1	4.4	6.1	5.1
Male	7.2	6.3	8.2	5.7	3.9	9.1	6.3	8.1	7.1	8.9	6.4
Total	5.8	5.1	6.4	5.2	5.1	6.5	5.4	5.3	4.8	6.5	5.2
Syphilis Tests											
Female	486,687	10,135	29,027	71,775	153,569	25,330	73,401	13,052	2,462	103,100	4,836
Male	149,155	4,740	11,393	26,025	16,496	12,584	17,631	3,342	2,149	52,130	2,665
Total	635,842	14,875	40,420	97,800	170,065	37,914	91,032	16,394	4,611	155,230	7,501
Tests per 10 Users											
Female	1.4	0.6	0.7	1.7	2.5	0.7	2.4	1.1	0.2	1.1	0.3
Male	3.3	1.8	2.8	3.9	2.6	2.7	5.4	2.9	1.1	3.9	2.1
Total	1.6	0.8	0.9	2.0	2.5	1.0	2.7	1.2	0.4	1.4	0.5
Confidential HIV Tests											
Female	902,905	29,187	124,184	113,653	157,154	80,751	93,667	21,942	13,243	253,886	15,238
Male	260,978	13,139	26,676	35,279	18,270	26,602	18,278	5,916	11,226	100,675	4,917
Total	1,163,883	42,326	150,860	148,932	175,424	107,353	111,945	27,858	24,469	354,561	20,155
Tests per 10 Users											
Female	2.5	1.9	3.2	2.8	2.6	2.3	3.1	1.8	1.3	2.6	1.0
Male	5.7	4.9	6.5	5.3	2.9	5.7	5.6	5.1	5.7	7.6	3.9
Total	2.9	2.3	3.5	3.1	2.6	2.7	3.3	2.0	2.0	3.2	1.3
Positive Test Results	2,824	59	229	530	183	129	965	19	44	624	42
Anonymous HIV Tests	3,886	2	0	673	6	765	0	662	0	1,738	40

STAFFING AND FAMILY PLANNING ENCOUNTERS

Clinical Services Provider Staffing (Exhibit 30)

Highly trained clinical services providers (CSPs) participate in the delivery of Title X-funded services. CSPs include physicians, physician assistants (PAs), nurse practitioners (NPs), certified nurse midwives (CNMs), and registered nurses with an expanded scope of practice (“other” CSPs) who are trained and permitted by state-specific regulations to perform exams and medical procedures as described in the *Program Requirements for Title X Funded Family Planning Projects*¹ and the *QFP Recommendations*.¹⁶

In 2016, 3,550 full-time equivalent (FTE) CSPs delivered medical family planning and related preventive health services in Title X service sites (**Exhibit 30**).

- By **CSP type**, midlevel clinicians (i.e., PAs, NPs, and CNMs) accounted for 71% of total FTEs, followed by physicians (22%) and other CSPs (7%). On average, there were 3.2 midlevel clinician FTEs for every 1.0 physician FTE.
- By **region**, 8% (V) to 32% (I) of total FTEs were physician FTEs, 61% (III and IV) to 89% (VIII) were midlevel clinician FTEs, and 0% (VI, VII, and X) to 25% (V) were other CSP FTEs. There were from 2.0 (III) to 8.9 (VIII) midlevel clinician FTEs for every 1.0 physician FTE.

Family Planning Encounters (Exhibit 30)

In 2016, Title X service sites reported a total of 6.7 million family planning encounters, or an average of 1.7 encounters per user (**Exhibit 30**).

- By **type**, most (74%, or 5.0 million) family planning encounters were attended by a CSP, resulting in an average of 1.2 CSP encounters per user and 1,403 CSP encounters per CSP FTE.
- By **region**, the number and types of family planning encounters varied as follows:
 - **Total encounters:** The average number of encounters per user ranged from 1.4 (X) to 1.8 (IV, V, and VII).
 - **CSP encounters:** The percentage of encounters that were attended by a CSP ranged from 58% (VI) to 91% (I and II). The number of CSP encounters per user ranged from 1.0 (VI and VIII) to 1.4 (I and II), and the number of CSP encounters per CSP FTE ranged from 817 (III) to 2,236 (II).
 - **Non-CSP encounters:** The percentage of encounters that were attended by non-CSP staff ranged from 9% (I and II) to 42% (VI). The number of non-CSP encounters per user ranged from 0.1 (I and II) to 0.7 (VI).

Guidance for Reporting Encounter and Staffing Data in FPAR Table 13

In FPAR **Table 13**, grantees report information on the number and type of family planning encounters and the use of clinical services providers to deliver Title X-funded family planning and related preventive health services. **Table 13** reports the following provider staffing and encounter data:

- Number of full-time equivalent (FTE) family planning clinical services providers by type of provider,
- Number of family planning encounters with clinical services providers, and
- Number of family planning encounters with other services providers.

The FPAR instructions provide the following guidance for reporting this information:

Family Planning Provider—A family planning provider is the individual who assumes primary responsibility for assessing a client and documenting services in the client record. Providers include those agency staff who exercise independent judgment as to the services rendered to the client during an encounter. Two general types of providers deliver Title X family planning services: clinical services providers and other services providers.

Clinical Services Providers—Include physicians (family and general practitioners, specialists), physician assistants, nurse practitioners, certified nurse midwives, and registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of the user (male and female) physical assessments recommended for contraceptive, related preventive health, and basic infertility care. Clinical services providers are able to offer client education, counseling, referral, followup, and clinical services (physical assessment, treatment, and management) relating to a client's proposed or adopted method of contraception, general reproductive health, or infertility treatment, in accordance with the *Program Guidelines*.¹²

Other Services Providers—Include other agency staff (e.g., registered nurses, public health nurses, licensed vocational or licensed practical nurses, certified nurse assistants, health educators, social workers, or clinic aides) who offer client education, counseling, referral, or followup services relating to the client's proposed or adopted method of contraception, general reproductive health, or infertility treatment, as described in the *Program Guidelines*.¹² Other services providers may also perform or obtain samples for routine laboratory tests (e.g., urine, pregnancy, STD, and cholesterol and lipid analysis), give contraceptive injections (e.g., Depo-Provera), and perform routine clinical procedures that may include some aspects of the user physical assessment (e.g., blood pressure evaluation), in accordance with the *Program Guidelines*.¹²

Family Planning Encounter—A family planning encounter is a documented, face-to-face contact between an individual and a family planning provider that takes place in a Title X service site. The purpose of a family planning encounter—whether clinical or nonclinical—is to provide family planning and related preventive health services to female and male clients who want to avoid unintended pregnancies or achieve intended pregnancies. To be counted for purposes of the FPAR, a written record of the services provided during the family planning encounter must be documented in the client record. Laboratory tests and related counseling and education, in and of themselves, do not constitute a family planning encounter unless there is face-to-face contact between the client and provider, the provider documents the encounter in the client's record, and the tests are accompanied by family planning counseling or education.

There are two types of family planning encounters at Title X service sites: (1) family planning encounters with a Clinical Services Provider and (2) family planning encounters with an Other Services Provider. The type of family planning provider who renders the care, regardless of the services rendered, determines the type of family planning encounter. Although a client may meet with both clinical and other services providers during an encounter, the provider with the highest level of training who takes ultimate responsibility for the client's clinical or nonclinical assessment and care during the visit is credited with the encounter.

Full-Time Equivalent (FTE)—For each type of clinical services provider, report the time in FTEs that these providers are involved in the direct provision of Title X-funded services (i.e., engaged in a family planning encounter). A full-time equivalent (FTE) of 1.0 describes staff who, individually or as a group, work the equivalent of full time for 1 year. Each agency defines the number of hours for “full-time” work and may define it differently for different positions.

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued October 2016), pp. 43–45.

Exhibit 30. Number and distribution of FTE CSP staff, by type of CSP and region, and number and distribution of FP encounters, by type of encounter and region: 2016 (Source: FPAR Table 13)

FTEs and FP Encounters	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Number of CSP FTEs											
Physician	779.6	55.9	69.5	229.2	186.6	22.1	43.6	11.8	7.9	122.5	30.6
PA/NP/CNM	2,511.8	118.1	194.1	456.8	453.1	192.4	166.8	73.9	70.2	660.8	125.8
Other CSP ^a	258.2	1.7	9.0	62.1	109.1	71.9	0.0	0.0	0.8	3.5	0.0
Total	3,549.6	175.7	272.6	748.1	748.9	286.4	210.4	85.6	78.8	786.8	156.4
Distribution of CSP FTEs											
Physician	22%	32%	25%	31%	25%	8%	21%	14%	10%	16%	20%
PA/NP/CNM	71%	67%	71%	61%	61%	67%	79%	86%	89%	84%	80%
Other CSP ^a	7%	1%	3%	8%	15%	25%	0%	0%	1%	0%†	0%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Midlevel to Physician FTE^b	3.2	2.1	2.8	2.0	2.4	8.7	3.8	6.3	8.9	5.4	4.1
Number of FP Encounters											
With CSP	4,980,534	261,925	609,385	611,184	807,757	485,837	336,396	153,322	127,839	1,407,978	178,911
With other	1,710,025	26,015	58,357	207,074	400,661	207,917	245,651	88,330	71,243	351,510	53,267
Total	6,690,559	287,940	667,742	818,258	1,208,418	693,754	582,047	241,652	199,082	1,759,488	232,178
Distribution of FP Encounters											
With CSP	74%	91%	91%	75%	67%	70%	58%	63%	64%	80%	77%
With other	26%	9%	9%	25%	33%	30%	42%	37%	36%	20%	23%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
FP Encounters per User											
With CSP	1.2	1.4	1.4	1.3	1.2	1.2	1.0	1.1	1.0	1.3	1.1
With other	0.4	0.1	0.1	0.4	0.6	0.5	0.7	0.6	0.6	0.3	0.3
Total	1.7	1.6	1.6	1.7	1.8	1.8	1.7	1.8	1.6	1.6	1.4
CSP Encounters per CSP FTE	1,403	1,491	2,236	817	1,079	1,696	1,599	1,790	1,622	1,790	1,144

CNM=certified nurse midwife. CSP=clinical services provider. FP=family planning. FTE=full-time equivalent. NP=nurse practitioner. PA=physician assistant.

Note: Due to rounding, percentages may not sum to 100%.

^a Other CSPs are registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of the user (male and female) physical assessments recommended for contraceptive, related preventive health, and basic infertility care.

^b Midlevel providers include physician assistants, nurse practitioners, and certified nurse midwives.

† Percentage is less than 0.5%.

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REVENUE

In 2016, Title X grantees reported total program revenue of \$1.3 billion to support the delivery of Title X-funded family planning and related preventive health care. The major sources of revenue—Medicaid (including Children’s Health Insurance Program [CHIP]) (\$505.5 million) and Title X (\$245.1 million)—accounted for 39% and 19%, respectively, of total revenue. Revenue from state governments (\$133.5 million), private third-party payers (\$132.6 million), local governments (\$66.6 million), and client service fees (\$52.9 million) each accounted for 4% to 10% of total revenue, while all other sources each contributed 1% or less (*Exhibit 31*).

Title X Services Grant

Revenue from Title X accounted for 19% (\$245.1 million) of total national revenue and between 8% (IX) and 38% (VII) of total regional revenue. Title X was the largest source of revenue in four regions (I, VI, VII, and VIII) and the second largest single source after Medicaid in four others (III, IV, V, and IX) (*Exhibits 32 and 33*).

Payment for Services: Client Fees

Revenue from client service fees accounted for 4% (\$52.9 million) of total revenue and between 3% (IV, VI, and IX) and 9% (VII) of total regional revenue (*Exhibits 32 and 33*).

Payment for Services: Third-Party Payers

In 2016, revenue from third-party payers was 50% (\$652.6 million) of total revenue, with Medicaid/CHIP accounting for most (77%) of this amount.

Medicaid and CHIP. Medicaid revenue (federal and state shares) accounted for 39% (\$504.3 million) of total revenue, and separately reported CHIP revenue accounted for less than 0.5% (\$1.2 million) of total revenue. Together, these two sources totaled \$505.5 million, or 39% of total 2016 revenue.

By region, Medicaid (including CHIP) accounted for 14% (VII) to 61% (IX) of total regional revenue. Medicaid was the largest source (27% to 61%) of regional revenue in six regions (II, III, IV, V, IX, and X) and the second largest source (24%) in Region I (*Exhibits 32 and 33*). Medicaid revenue reported by grantees in 28 states included revenue from state Medicaid family planning eligibility expansions. (See the FPAR Table 14 notes in *Appendix C: Field and Methodological Notes* for a list of states.)

Medicare and Other Public. Revenue from Medicare (\$3.9 million) and other public third-party payers (\$10.5 million) together accounted for 1% of total national revenue. By region, the share of revenue from Medicare and other public third-party payers ranged from less than 0.5% (IV, VIII, IX, and X) to 6% (VI) (*Exhibits 32 and 33*).

Private. Revenue from private third-party payers (\$132.6 million) accounted for 10% of total national revenue and between 5% (IV) and 23% (I) of total regional revenue. Private third-party payer revenue was the second most important source in three regions (VII, VIII, and X), and the third most important source in three others (I, V, and IX) (*Exhibits 32 and 33*).

Other Revenue

Block Grants and Temporary Assistance for Needy Families (TANF). Revenue from the Title V Maternal and Child Health (MCH) block grant (\$16.5 million), the Title XX Social Services block grant (\$4.3 million), and TANF (\$7.8 million) each accounted for 1% or less of total national revenue. By region, the share of total regional revenue from block grants (MCH or Social Services) or TANF ranged from 0% to 3% of total regional revenues. While all regions reported some revenue from the MCH block grant, only five reported revenue from the Social Services block grant (I, III, V, VIII, and IX) or TANF (I, IV, V, VI, and VIII) (*Exhibits 32 and 33*).

State Governments. State government revenue accounted for 10% (\$133.5 million) of total national revenue and from less than 0.5% (VII) to 26% (VI) of total regional revenue. State government revenue was the second largest source of project revenue in two regions (II and VI) and the third largest source in two others (III and X) (*Exhibits 32 and 33*).

Local Governments. Local government revenue accounted for 5% (\$66.6 million) of total national revenue and from less than 0.5% (I) to 17% (IV and VIII) of total regional revenue. Local government revenue was the third largest source of regional revenue in Regions IV (17%) and VIII (17%) (*Exhibits 32 and 33*).

Bureau of Primary Health Care. Revenue from the Health Resources Services Administration Bureau of Primary Health Care (BPHC) accounted for 1% (\$14.3 million) of total national revenue. Two regions (III and VIII) reported no BPHC revenue, while eight others reported BPHC revenue ranging from less than 0.5% (I, II, IV, and VI) to 5% (V) of total regional revenue (*Exhibits 32 and 33*).

All Other Revenue. Finally, 9% (\$111.5 million) of total revenue came from a combination of all other public and private sources not listed separately in Table 14. Revenue from other sources ranged from 2% (I, III, IV, and X) to 18% (IX) of total regional revenue (*Exhibits 32 and 33*). See the notes for FPAR Table 14 in *Appendix C: Field and Methodological Notes* for a list of other revenue sources.

Revenue per User

On average, grantees reported \$326 in program revenue per family planning user served in 2016. By region, revenue per user ranged from \$225 (III) to \$439 (X) (*Exhibit 32*).

Exhibit 31. Amount and distribution of Title X project revenues, by revenue source: 2016
(Source: FPAR Table 14)

Revenue Source	Amount	Distribution
Title X	\$245,066,054	19%
Payment for Services		
Client fees	\$52,876,599	4%
Third-party payers ^a		
Medicaid ^b	\$504,313,859	39%
Medicare	\$3,945,295	0%†
Children's Health Insurance Program	\$1,194,843	0%†
Other public	\$10,540,646	1%
Private	\$132,617,104	10%
Subtotal	\$705,488,346	54%
Other Revenue		
Maternal and Child Health block grant	\$16,526,644	1%
Social Services block grant	\$4,285,521	0%†
Temporary Assistance for Needy Families	\$7,797,115	1%
State government	\$133,484,660	10%
Local government	\$66,637,455	5%
Bureau of Primary Health Care	\$14,319,221	1%
Other ^c	\$111,534,633	9%
Subtotal	\$354,585,249	27%
Total Revenue	\$1,305,139,649	100%
Total Revenue per User	\$326	—

— Not applicable.

Note: Unless otherwise noted, revenue is shown in actual dollars (unadjusted) for each year. Due to rounding, percentages may not sum to 100%.

^a Prepaid and not prepaid.

^b Includes revenue from Medicaid family planning eligibility expansions in 28 states in all 10 HHS regions. See Table 14 comments in the *Field and Methodological Notes (Appendix C)* for a list of states by region.

^c See Table 14 comments in the *Field and Methodological Notes (Appendix C)* for a list of the types of revenue reported as "other."

† Percentage is less than 0.5%.

Guidance for Reporting Project Revenue in FPAR Table 14

In FPAR **Table 14**, grantees report the revenues (i.e., actual cash receipts or drawdown amounts) received during the reporting period from each funding source to support activities within the scope of the grantee's Title X services grant (Section 1001), even if the funds were not expended during the reporting period. Grantees are instructed not to report the monetary value of in-kind contributions as revenue in **Table 14**. The FPAR instructions provide the following guidance for reporting this information:

Title X Grant—Refers to funds received from the Title X Section 1001 family planning services grant. Report the amount received (cash receipts or drawdown amounts) during the reporting period from the Title X services grant. Include base Title X grant funding and other Title X funding for special initiatives (e.g., HIV integration and male involvement). Do not report the amount of grant funds awarded unless this figure is the same as the actual *cash* receipts or drawdown amounts.

Payment for Services—Refers to funds collected directly from clients and revenues received from public and private third-party payers (capitated or fee-for-service) for services provided within the scope of the grantee's Title X project.

Total Client Collections/Self-Pay (“Client Fees”)—Report the amount collected directly from clients during the reporting period for services provided within the scope of the grantee's Title X project.

Third-Party Payers—For each third-party source listed, report the amount received (i.e., reimbursed) during the reporting period for services provided within the scope of the grantee's Title X project. Only revenue from prepaid (capitated) managed care arrangements (e.g., capitated Medicare, Medicaid, and private managed care contracts) should be reported as prepaid. Revenues received after the date of service, even under managed care arrangements, should be reported as not prepaid.

Medicaid/Title XIX—Report the amount received from Medicaid (federal and state shares) during the reporting period for services provided within the scope of the grantee's Title X project, regardless of whether the reimbursement was paid directly by Medicaid or through a fiscal intermediary or a health maintenance organization (HMO). For example, in states with a capitated Medicaid program (i.e., the grantee has a contract with a private plan like Blue Cross), the payer is Medicaid, even though the actual payment may come from Blue Cross. Include revenue from family planning waivers (both federal and state shares) in Row 3a, Column B. If the amount reported in Row 3a, Column B includes family planning waiver revenue, indicate this in the **Table 14** “Note” field.

Medicare/Title XVIII—Report the amount received from Medicare during the reporting period for services provided within the scope of the grantee's Title X project, regardless of whether the reimbursement was paid directly by Medicare or through a fiscal intermediary or an HMO. For clients enrolled in a capitated Medicare program (i.e., where the grantee has a contract with a private plan like Blue Cross), the payer is Medicare, even though the actual payment may come from Blue Cross.

Children's Health Insurance Program (CHIP)—Report the amount of funds received during the reporting period from CHIP for services provided within the scope of the grantee's Title X project. If the grantee is unable to report CHIP revenue separately from Medicaid (Row 3a), indicate this in the **Table 14** “Note” field.

Other Public Health Insurance—Report the amount reimbursed by other federal, state, or local government health insurance programs during the reporting period for services provided within the scope of the grantee's Title X project. Other public health insurance programs include state or local government programs that provide a broad set of benefits and public-paid or public-subsidized private insurance programs.

Private Health Insurance—Report the amount of funds received from private third-party health insurance plans during the reporting period for services provided within the scope of the grantee's Title X project. Private health insurance include plans obtained through an employer, union, or direct purchase, including insurance purchased for public employees or retirees or military personnel and their dependents (e.g., TRICARE or CHAMPVA) that provide a broad set of primary medical care benefits for the enrolled individual (beneficiary or dependent).

Other Revenue—Refers to revenue received from other sources during the reporting period that supported services provided within the scope of the grantee's Title X project. Other revenue sources include block grants, TANF, state and local governments (e.g., contracts, state and local indigent care programs), the Bureau of Primary Health Care, private and client donations, or other public or private revenues.

Maternal and Child Health (MCH) Block Grant/Title V—Report the amount of Title V funds received during the reporting period that supported services provided within the scope of the grantee's Title X project.

(continued)

Guidance for Reporting Project Revenue in FPAR Table 14 (continued)

Social Services Block Grant/Title XX—Report the amount of Title XX funds received in the reporting period that supported services provided within the scope of the grantee’s Title X project.

Temporary Assistance for Needy Families (TANF)—Report the amount of TANF funds received in the reporting period that supported services provided within the scope of the grantee’s Title X project.

Local Government Revenue—Report the amount of funds from local government sources (including county and city grants or contracts) that were received during the reporting period and that supported services provided within the scope of the grantee’s Title X project.

State Government Revenue—Report the amount of funds from state government sources (including grants or contracts) that were received during the reporting period and that supported services provided within the scope of the grantee’s Title X project. Do not report as “state government revenue” funding from sources like the Centers for Disease Control and Prevention (CDC) or block grant funds that are awarded to and distributed by the state. Report these revenues as “Other revenue” and specify their sources.

Bureau of Primary Health Care (BPHC)—Report the amount of revenue received from BPHC grants (e.g., Section 330) during the reporting period that supported services provided within the scope of the grantee’s Title X project.

Other Revenue—Report the amount and specify the source of funds received during the reporting period from other sources that supported services provided within the scope of the grantee’s Title X project. This may include revenue from such sources as CDC (infertility, STD, or HIV prevention; breast and cervical cancer detection), private grants and donations, fundraising, interest income, or other sources.

Source: *Title X Family Planning Annual Report: Forms and Instructions* (Reissued October 2016), pp. 47–49.

Exhibit 32. Amount of Title X project revenues, by revenue source and region: 2016 (Source: FPAR Table 14)

Revenue Source	All Regions (\$)	Region I (\$)	Region II (\$)	Region III (\$)	Region IV (\$)	Region V (\$)	Region VI (\$)	Region VII (\$)	Region VIII (\$)	Region IX (\$)	Region X (\$)
Title X	\$245,066,054	\$14,225,932	\$27,965,229	\$24,848,869	\$50,065,024	\$34,497,365	\$28,712,487	\$13,771,446	\$9,293,199	\$31,609,692	\$10,076,811
Payment for Services											
Client fees	\$52,876,599	\$2,193,119	\$8,486,239	\$4,951,652	\$7,014,240	\$7,689,271	\$2,438,121	\$3,232,026	\$3,021,277	\$10,258,631	\$3,592,023
Third-party payers ^a											
Medicaid ^b	\$504,313,859	\$12,625,971	\$67,327,553	\$28,844,483	\$69,705,020	\$41,648,020	\$16,135,167	\$5,093,865	\$5,471,937	\$228,931,334	\$28,530,509
Medicare	\$3,945,295	\$347,866	\$591,615	\$921,157	\$274,070	\$913,383	\$78,979	\$273,979	\$35,762	\$350,314	\$158,170
CHIP	\$1,194,843	\$1,802	\$256,570	\$64,686	\$177,391	\$486,783	\$101,595	\$46,842	\$58,776	\$398	\$0
Other public ^c	\$10,540,646	\$1,677,189	\$589,332	\$1,876,962	\$10	\$119,343	\$5,381,815	\$387,796	\$137,043	\$359,652	\$11,504
Private	\$132,617,104	\$12,538,580	\$18,710,435	\$12,252,831	\$9,689,459	\$19,334,202	\$6,747,771	\$7,599,147	\$6,557,057	\$28,498,199	\$10,689,423
Subtotal	\$705,488,346	\$29,384,527	\$95,961,744	\$48,911,771	\$86,860,190	\$70,191,002	\$30,883,448	\$16,633,655	\$15,281,852	\$268,398,528	\$42,981,629
Other Revenue											
MCH block grant	\$16,526,644	\$21,140	\$3,602,662	\$2,459,147	\$3,014,086	\$2,755,372	\$2,646,083	\$142,413	\$307,031	\$1,109,230	\$469,480
SS block grant	\$4,285,521	\$699,950	\$0	\$2,190,500	\$0	\$1,332,699	\$0	\$0	\$42,734	\$19,638	\$0
TANF	\$7,797,115	\$1,340,740	\$0	\$0	\$3,953,599	\$2,468,574	\$1,639	\$0	\$32,563	\$0	\$0
State government	\$133,484,660	\$6,504,048	\$42,520,757	\$19,767,377	\$22,008,425	\$3,865,802	\$25,475,304	\$75,549	\$939,987	\$2,125,839	\$10,201,572
Local government	\$66,637,455	\$7,442	\$2,044,986	\$6,947,443	\$34,964,143	\$4,859,764	\$4,204,711	\$511,503	\$6,556,683	\$2,053,638	\$4,487,142
BPHC	\$14,319,221	\$86,057	\$305,573	\$0	\$82,657	\$7,443,843	\$267,675	\$1,275,786	\$0	\$4,031,277	\$826,353
Other ^d	\$111,534,633	\$1,175,690	\$11,972,321	\$2,219,017	\$3,133,988	\$11,452,106	\$4,620,530	\$3,386,984	\$5,188,420	\$67,015,139	\$1,370,438
Subtotal	\$354,585,249	\$9,835,067	\$60,446,299	\$33,583,484	\$67,156,898	\$34,178,160	\$37,215,942	\$5,392,235	\$13,067,418	\$76,354,761	\$17,354,985
Total Revenue	\$1,305,139,649	\$53,445,526	\$184,373,272	\$107,344,124	\$204,082,112	\$138,866,527	\$96,811,877	\$35,797,336	\$37,642,469	\$376,362,981	\$70,413,425
Total Revenue per User	\$326	\$291	\$431	\$225	\$305	\$356	\$289	\$263	\$304	\$341	\$439

BPHC=Bureau of Primary Health Care. **CHIP**=Children's Health Insurance Program. **MCH**=Maternal and Child Health. **SS**=Social Services. **TANF**=Temporary Assistance for Needy Families.

Note: Unless otherwise noted, revenue is shown in actual dollars (unadjusted) for each year.

^a Prepaid and not prepaid.

^b Includes revenue from Medicaid family planning eligibility expansions in 28 states in all 10 HHS regions. See Table 14 comments in the *Field and Methodological Notes (Appendix C)* for a list of states by region.

^c "All Regions" and "Region VI" amounts for "Other Public" third-party payment for services include revenue from the Texas Women's Health Program.

^d See Table 14 comments in the *Field and Methodological Notes (Appendix C)* for a list of the types of revenue reported as "other."

Exhibit 33. Distribution of Title X project revenues, by revenue source and region: 2016 (Source: FPAR Table 14)

Revenue Source	All Regions	Region I	Region II	Region III	Region IV	Region V	Region VI	Region VII	Region VIII	Region IX	Region X
Title X	19%	27%	15%	23%	25%	25%	30%	38%	25%	8%	14%
Payment for Services											
Client fees	4%	4%	5%	5%	3%	6%	3%	9%	8%	3%	5%
Third-party payers ^a											
Medicaid ^b	39%	24%	37%	27%	34%	30%	17%	14%	15%	61%	41%
Medicare	0%†	1%	0%†	1%	0%†	1%	0%†	1%	0%†	0%†	0%†
CHIP	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%
Other public ^c	1%	3%	0%†	2%	0%†	0%†	6%	1%	0%†	0%†	0%†
Private	10%	23%	10%	11%	5%	14%	7%	21%	17%	8%	15%
Subtotal	54%	55%	52%	46%	43%	51%	32%	46%	41%	71%	61%
Other Revenue											
MCH block grant	1%	0%†	2%	2%	1%	2%	3%	0%†	1%	0%†	1%
SS block grant	0%†	1%	0%	2%	0%	1%	0%	0%	0%†	0%†	0%
TANF	1%	3%	0%	0%	2%	2%	0%†	0%	0%†	0%	0%
State government	10%	12%	23%	18%	11%	3%	26%	0%†	2%	1%	14%
Local government	5%	0%†	1%	6%	17%	3%	4%	1%	17%	1%	6%
BPHC	1%	0%†	0%†	0%	0%†	5%	0%†	4%	0%	1%	1%
Other ^d	9%	2%	6%	2%	2%	8%	5%	9%	14%	18%	2%
Subtotal	27%	18%	33%	31%	33%	25%	38%	15%	35%	20%	25%
Total Revenue	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

BPHC=Bureau of Primary Health Care. **CHIP**=Children's Health Insurance Program. **MCH**=Maternal and Child Health. **SS**=Social Services. **TANF**=Temporary Assistance for Needy Families.

Note: Due to rounding, percentages may not sum to 100%.

^a Prepaid and not prepaid.

^b Includes revenue from Medicaid family planning eligibility expansions in 28 states in all 10 HHS regions. See Table 14 comments in the *Field and Methodological Notes (Appendix C)* for a list of states by region.

^c "All Regions" and "Region VI" percentages for "Other Public" third-party payment for services include revenue from the Texas Women's Health Program.

^d See Table 14 comments in the *Field and Methodological Notes (Appendix C)* for a list of the types of revenue reported as "other."

† Percentage is less than 0.5%.

Revenue Trends

Exhibits A–13a through *A–13e* present trends (2006–2016) in actual and inflation-adjusted total, Title X, and Medicaid revenue. All comparisons in this section are based on inflation-adjusted (constant 2016 dollars)²³ revenue amounts.

Changes in Revenue from 2015 to 2016. Compared with 2015, inflation-adjusted total revenue increased by almost \$14.0 million (or 1%) in 2016 (*Exhibit A–13a*). Gains totaling \$55.0 million from five sources (not shown)—private third-party payments (by \$24.7 million), state governments (by \$9.0 million), client services fees (by \$3.2 million), TANF (by \$2.2 million), and combined “other” sources (by \$15.9 million)—offset losses of \$41.0 million from five others—Medicaid (by \$16.7 million), local governments (by \$9.1 million) (not shown), Title X (by \$6.7 million), Medicare and other public third-party (\$5.2 million) (not shown), and block grants (by \$3.3 million) (not shown).

Changes in Revenue from 2006 to 2016. From 2006 to 2016, inflation-adjusted total revenue decreased 12% (by \$186.3 million), from \$1.5 billion in 2006 to \$1.3 billion in 2016 (*Exhibit A–13a*). An increase in revenue from four sources totaled \$189.4 million. Medicaid (including CHIP), the largest source of Title X project revenue, grew 14%, from \$442.0 million (2006) to \$505.5 million (2016) (*Exhibit A–13a*). In addition, private third-party payer revenue increased by 158% (\$51.4 million in 2006 vs. \$132.6 million in 2016), Medicare/other third-party payer revenue increased by 171% (\$5.3 million in 2006 vs. \$14.5 million in 2016), and “other” revenue sources combined increased by 39% (\$90.4 million in 2006 vs. \$125.9 million in 2016) (not shown).

The increases in revenue from these four sources, however, were too low to offset losses totaling \$375.7 million from Title X, client service fees, state and local governments, block grants, and TANF. For each of these sources, the decline was as follows:

- **Title X** revenue decreased 32%, or \$117.6 million, from 2006 (\$362.7 million) to 2016 (\$245.1 million) (*Exhibit A–13a*).
- **Client service fees** revenue decreased 63%, or \$88.5 million, from 2006 (\$141.4 million) to 2016 (\$52.9 million) (not shown).
- **Local government** revenue decreased 48%, or \$62.2 million, from 2006 (\$128.8 million) to 2016 (\$66.6 million) (not shown).
- **State government** revenue decreased 28%, or \$50.8 million, from 2006 (\$184.3 million) to 2016 (\$133.5 million) (not shown).
- **Block grant** revenue decreased 71%, or \$49.9 million, from 2006 (\$70.7 million) to 2016 (\$20.8 million) (not shown).
- **TANF** revenue decreased 46%, or \$6.7 million, from 2006 (\$14.5 million) to 2016 (\$7.8 million) (not shown).

Finally, since 2006, there have been noteworthy changes in the composition of total revenue. From 2006 to 2016, Medicaid (including CHIP) revenue grew from 30% of total revenue to 39%, Title X revenue decreased from 24% of total revenue to 19%, and state and local government revenue decreased from 21% of total revenue to 15%. In 2016, the share of total revenue from all other sources combined (27%) remained almost the same as in 2006 (25%) (*Exhibit A–14c*).

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Appendix A

National Trend Exhibits

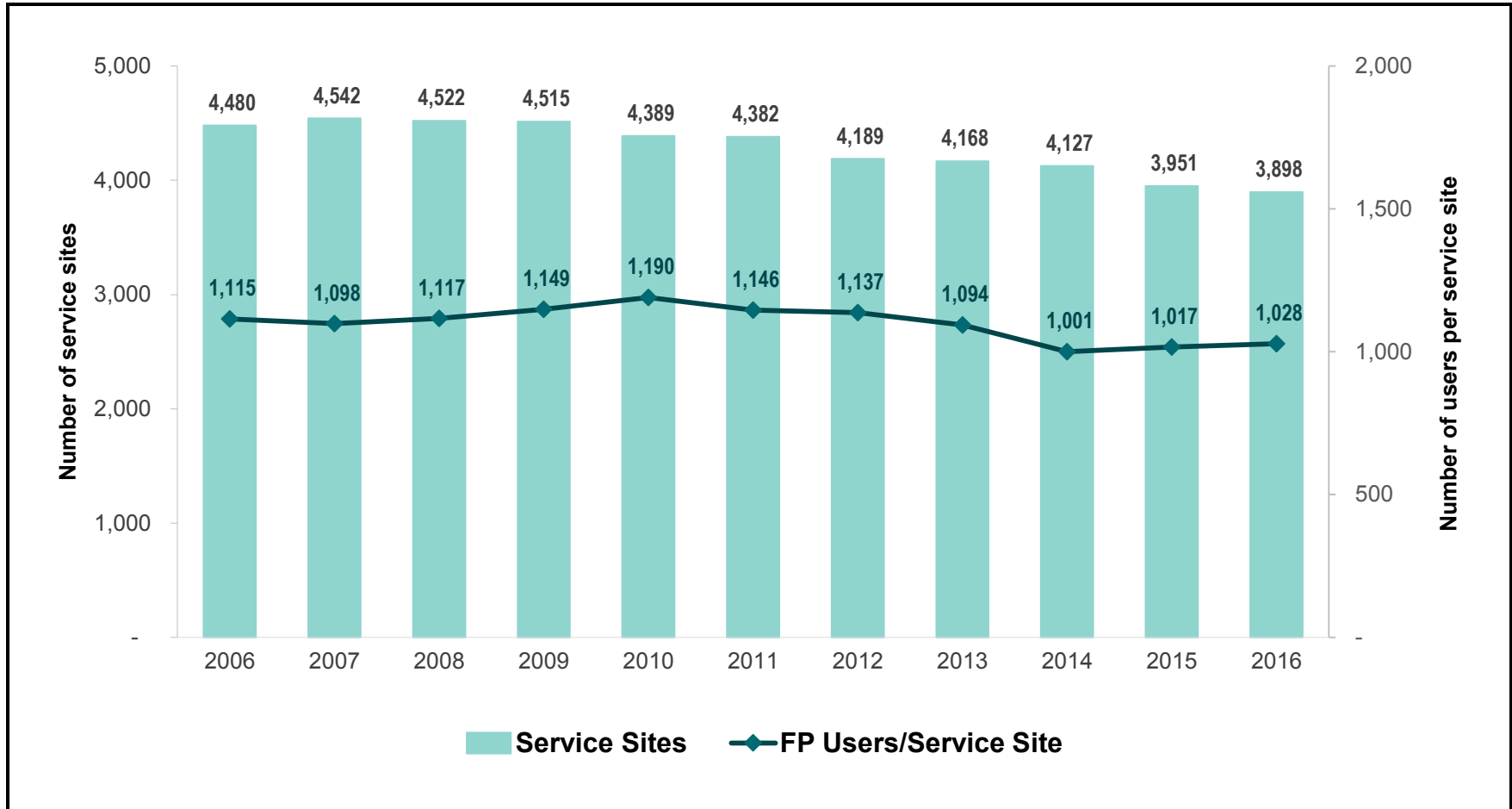
Exhibit A-1a. Number of Title X-funded grantees, subrecipients, and service sites, by region and year: 2006-2016

Region	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Grantees											
I	10	10	10	10	10	11	11	11	12	11	11
II	7	7	7	7	7	7	7	6	6	6	6
III	9	9	9	9	9	9	9	10	10	10	10
IV	10	10	10	10	10	10	13	13	14	10	9
V	12	11	11	11	12	12	11	11	10	12	11
VI	6	8	8	8	6	6	6	7	6	6	7
VII	5	5	5	5	5	5	5	5	5	5	5
VIII	6	6	6	6	6	6	6	6	6	6	6
IX	15	15	15	16	16	17	17	18	17	17	18
X	8	8	7	7	8	8	8	8	8	8	8
Total	88	89	88	89	89	91	93	95	94	91	91
Subrecipients											
I	68	70	70	69	71	72	67	66	67	71	69
II	98	91	91	89	82	80	75	71	70	70	68
III	228	226	222	222	218	230	265	271	258	316	223
IV	185	187	185	190	188	183	184	214	253	226	281
V	165	158	146	136	130	135	129	133	120	122	118
VI	92	93	95	94	90	79	78	90	45	47	41
VII	107	107	107	107	105	106	101	97	93	94	92
VIII	74	73	78	73	74	74	75	74	74	74	68
IX	114	107	112	116	104	121	113	105	95	102	99
X	64	64	64	61	60	62	61	60	59	59	58
Total	1,195	1,176	1,170	1,157	1,122	1,142	1,148	1,181	1,134	1,181	1,117
Service Sites											
I	224	240	233	230	221	228	238	225	233	224	225
II	302	293	292	296	272	263	253	256	251	247	244
III	638	662	651	656	641	639	633	627	615	648	640
IV	1,145	1,117	1,093	1,104	1,091	1,076	1,044	1,019	1,183	936	914
V	432	428	410	373	371	392	364	362	340	383	374
VI	587	573	571	588	580	553	521	571	442	457	425
VII	279	286	294	296	289	267	251	242	223	218	221
VIII	184	187	190	185	184	179	185	182	182	177	180
IX	466	479	508	501	495	539	474	460	441	461	469
X	223	277	280	286	245	246	226	224	217	200	206
Total	4,480	4,542	4,522	4,515	4,389	4,382	4,189	4,168	4,127	3,951	3,898

Exhibit A-1b. Distribution of Title X-funded grantees, subrecipients, and service sites, by region and year: 2006-2016

Region	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Grantees											
I	11%	11%	11%	11%	11%	12%	12%	12%	13%	12%	12%
II	8%	8%	8%	8%	8%	8%	8%	6%	6%	7%	7%
III	10%	10%	10%	10%	10%	10%	10%	11%	11%	11%	11%
IV	11%	11%	11%	11%	11%	11%	14%	14%	15%	11%	10%
V	14%	12%	13%	12%	13%	13%	12%	12%	11%	13%	12%
VI	7%	9%	9%	9%	7%	7%	6%	7%	6%	7%	8%
VII	6%	6%	6%	6%	6%	5%	5%	5%	5%	5%	5%
VIII	7%	7%	7%	7%	7%	7%	6%	6%	6%	7%	7%
IX	17%	17%	17%	18%	18%	19%	18%	19%	18%	19%	20%
X	9%	9%	8%	8%	9%	9%	9%	8%	9%	9%	9%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Subrecipients											
I	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%
II	8%	8%	8%	8%	7%	7%	7%	6%	6%	6%	6%
III	19%	19%	19%	19%	19%	20%	23%	23%	23%	27%	20%
IV	15%	16%	16%	16%	17%	16%	16%	18%	22%	19%	25%
V	14%	13%	12%	12%	12%	12%	11%	11%	11%	10%	11%
VI	8%	8%	8%	8%	8%	7%	7%	8%	4%	4%	4%
VII	9%	9%	9%	9%	9%	9%	9%	8%	8%	8%	8%
VIII	6%	6%	7%	6%	7%	6%	7%	6%	7%	6%	6%
IX	10%	9%	10%	10%	9%	11%	10%	9%	8%	9%	9%
X	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Service Sites											
I	5%	5%	5%	5%	5%	5%	6%	5%	6%	6%	6%
II	7%	6%	6%	7%	6%	6%	6%	6%	6%	6%	6%
III	14%	15%	14%	15%	15%	15%	15%	15%	15%	16%	16%
IV	26%	25%	24%	24%	25%	25%	25%	24%	29%	24%	23%
V	10%	9%	9%	8%	8%	9%	9%	9%	8%	10%	10%
VI	13%	13%	13%	13%	13%	13%	12%	14%	11%	12%	11%
VII	6%	6%	7%	7%	7%	6%	6%	6%	5%	6%	6%
VIII	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	5%
IX	10%	11%	11%	11%	11%	12%	11%	11%	11%	12%	12%
X	5%	6%	6%	6%	6%	6%	5%	5%	5%	5%	5%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Note: Due to rounding, percentages in each year may not sum to 100%.

Exhibit A-1c. Number of Title X-funded service sites and users per service site, by year: 2006–2016

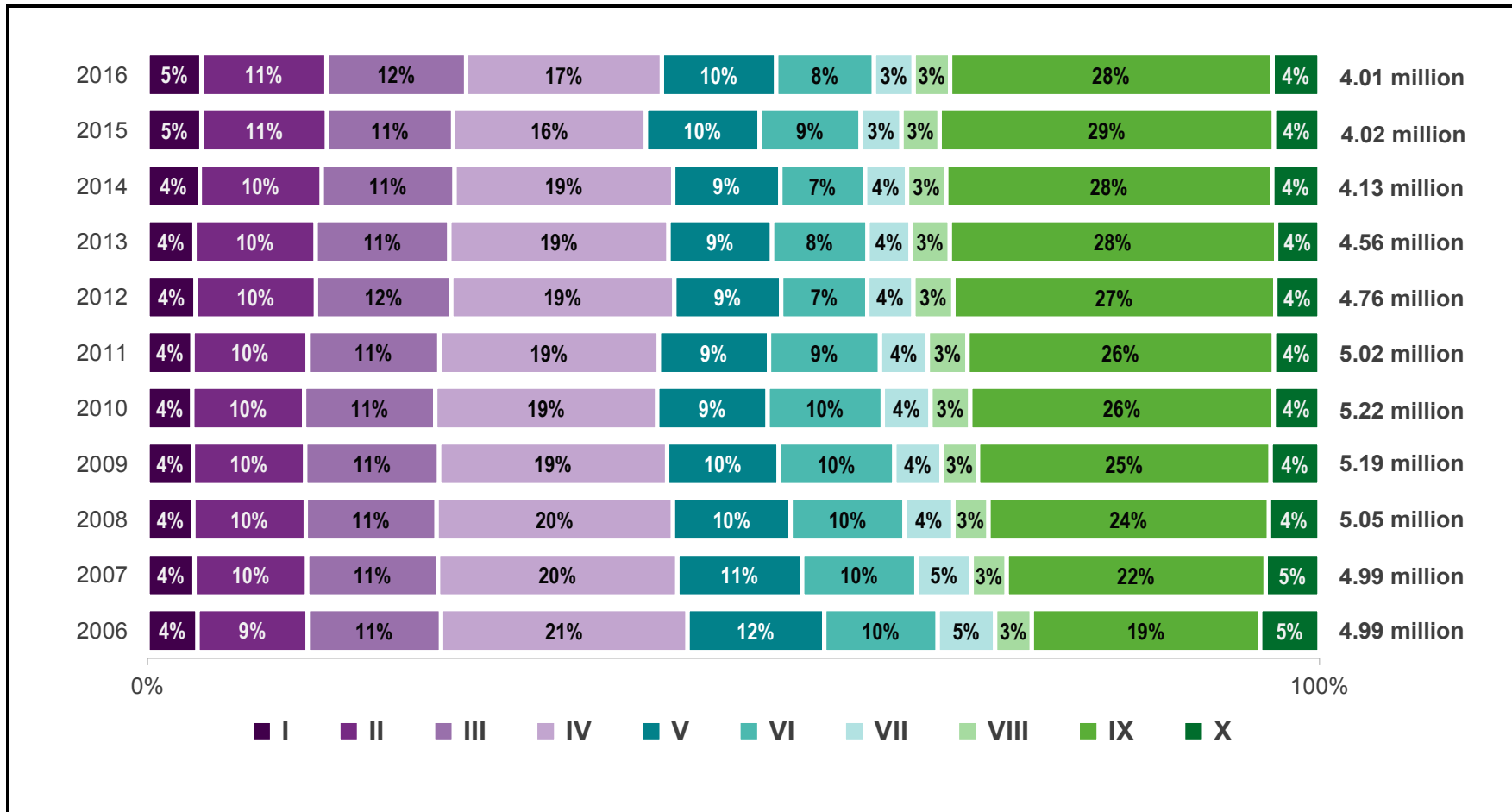
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Exhibit A-2a. Number and distribution of all family planning users, by region and year: 2006–2016

Region	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
I	212,169	199,010	197,165	199,779	198,962	192,252	195,264	182,684	184,005	184,389	183,383
II	470,148	479,572	483,928	497,614	499,231	493,369	488,872	470,836	429,409	431,060	428,146
III	567,583	557,031	564,138	592,475	584,167	564,163	550,051	520,403	468,157	432,418	477,585
IV	1,051,330	1,018,656	1,019,264	1,010,012	989,770	940,931	907,020	852,400	770,501	660,156	669,743
V	582,313	531,679	507,431	492,741	492,359	472,062	434,587	401,935	377,552	390,446	390,541
VI	483,632	486,378	491,406	512,019	512,868	475,863	350,164	372,296	298,294	346,670	334,933
VII	245,133	234,592	210,012	209,350	214,032	205,167	186,716	167,286	148,405	140,055	135,907
VIII	156,482	149,395	151,261	160,919	176,892	169,311	163,068	152,248	137,509	131,031	124,021
IX	973,524	1,102,718	1,209,114	1,294,974	1,352,569	1,314,270	1,309,439	1,269,252	1,149,781	1,146,183	1,102,836
X	251,964	228,207	217,786	216,384	204,012	194,323	178,616	168,484	165,670	155,607	160,457
Total	4,994,278	4,987,238	5,051,505	5,186,267	5,224,862	5,021,711	4,763,797	4,557,824	4,129,283	4,018,015	4,007,552
Female	4,721,869	4,691,857	4,723,662	4,811,691	4,822,570	4,635,195	4,378,744	4,184,587	3,764,622	3,607,353	3,553,018
Male	272,409	295,381	327,843	374,576	402,292	386,516	385,053	373,237	364,661	410,662	454,534
I	4%	4%	4%	4%	4%	4%	4%	4%	4%	5%	5%
II	9%	10%	10%	10%	10%	10%	10%	10%	10%	11%	11%
III	11%	11%	11%	11%	11%	11%	12%	11%	11%	11%	12%
IV	21%	20%	20%	19%	19%	19%	19%	19%	19%	16%	17%
V	12%	11%	10%	10%	9%	9%	9%	9%	9%	10%	10%
VI	10%	10%	10%	10%	10%	9%	7%	8%	7%	9%	8%
VII	5%	5%	4%	4%	4%	4%	4%	4%	4%	3%	3%
VIII	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
IX	19%	22%	24%	25%	26%	26%	27%	28%	28%	29%	28%
X	5%	5%	4%	4%	4%	4%	4%	4%	4%	4%	4%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Female	95%	94%	94%	93%	92%	92%	92%	92%	91%	90%	89%
Male	5%	6%	6%	7%	8%	8%	8%	8%	9%	10%	11%

Note: Due to rounding, percentages in each year may not sum to 100%.

Exhibit A-2b. Number and distribution of all family planning users, by region and year: 2006–2016



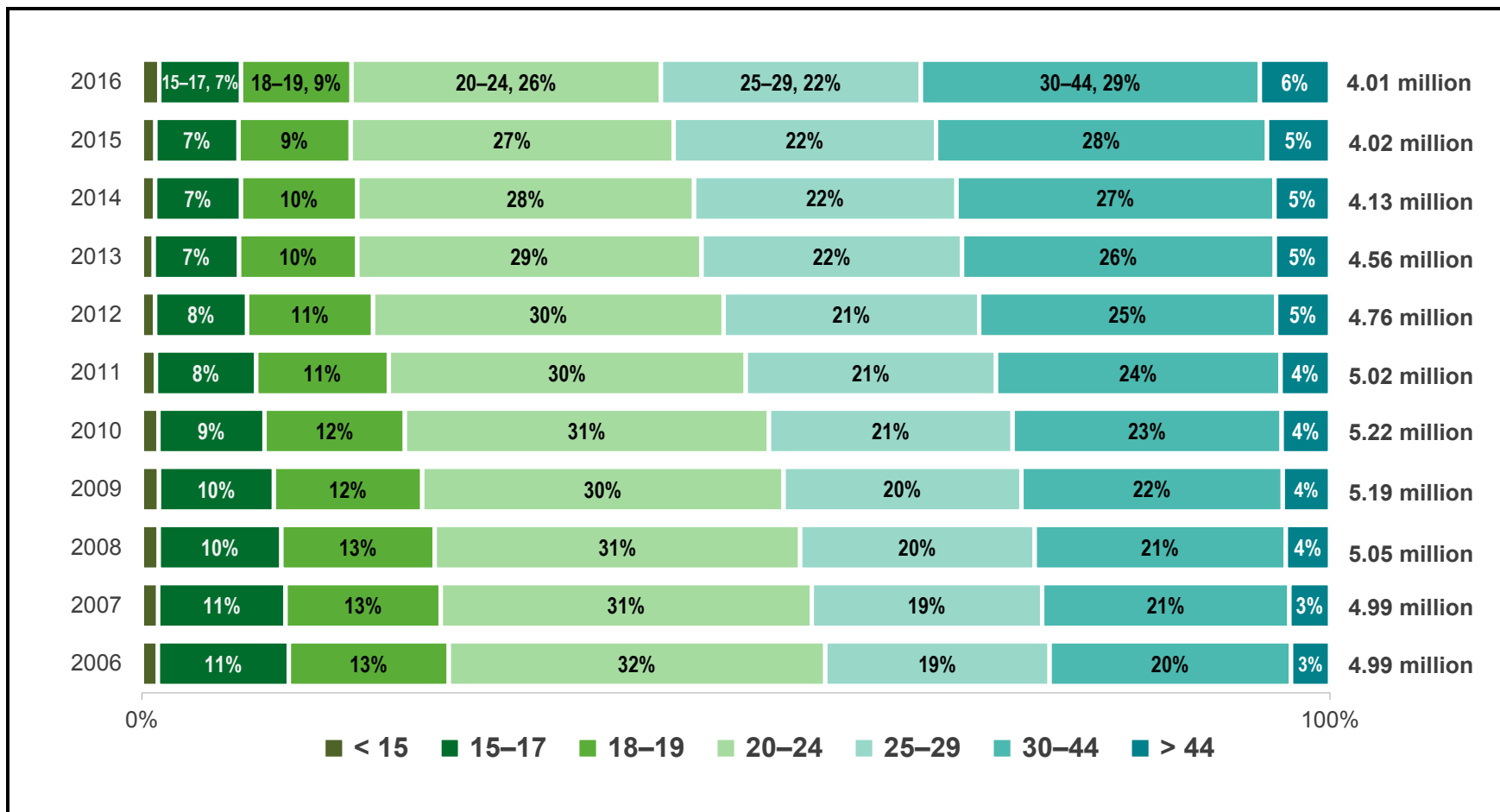
Note: Due to rounding, percentages in each year may not sum to 100%.

Exhibit A-3a. Number and distribution of all family planning users, by age and year: 2006–2016

Age Group (Years)	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Under 15	67,627	68,918	71,738	74,287	73,383	59,351	53,012	45,633	45,863	46,045	58,649
15 to 17	549,844	534,054	521,202	502,226	466,284	423,702	368,965	327,152	298,839	280,785	275,499
18 to 19	672,027	651,784	652,059	647,432	616,709	560,848	505,356	454,044	404,197	379,710	373,253
20 to 24	1,582,688	1,556,670	1,553,469	1,577,051	1,600,833	1,508,215	1,405,487	1,320,188	1,169,948	1,091,549	1,043,071
25 to 29	943,009	967,409	996,754	1,037,776	1,071,999	1,058,256	1,023,503	999,476	912,130	887,225	876,921
30 to 34	512,173	522,673	539,998	578,031	607,257	621,119	616,259	622,258	573,010	570,708	572,573
35 to 39	314,488	323,885	332,854	353,712	359,749	358,400	351,820	355,877	331,439	344,385	359,108
40 to 44	188,507	191,503	195,582	209,292	215,914	222,429	222,621	220,836	200,955	204,360	211,324
Over 44	163,915	170,342	187,849	206,460	212,734	209,391	216,774	212,360	192,902	213,248	237,154
Total	4,994,278	4,987,238	5,051,505	5,186,267	5,224,862	5,021,711	4,763,797	4,557,824	4,129,283	4,018,015	4,007,552
Under 15	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
15 to 17	11%	11%	10%	10%	9%	8%	8%	7%	7%	7%	7%
18 to 19	13%	13%	13%	12%	12%	11%	11%	10%	10%	9%	9%
20 to 24	32%	31%	31%	30%	31%	30%	30%	29%	28%	27%	26%
25 to 29	19%	19%	20%	20%	21%	21%	21%	22%	22%	22%	22%
30 to 34	10%	10%	11%	11%	12%	12%	13%	14%	14%	14%	14%
35 to 39	6%	6%	7%	7%	7%	7%	7%	8%	8%	9%	9%
40 to 44	4%	4%	4%	4%	4%	4%	5%	5%	5%	5%	5%
Over 44	3%	3%	4%	4%	4%	4%	5%	5%	5%	5%	6%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Note: Due to rounding, percentages in each year may not sum to 100%.

Exhibit A-3b. Number and distribution of all family planning users, by age and year: 2006–2016



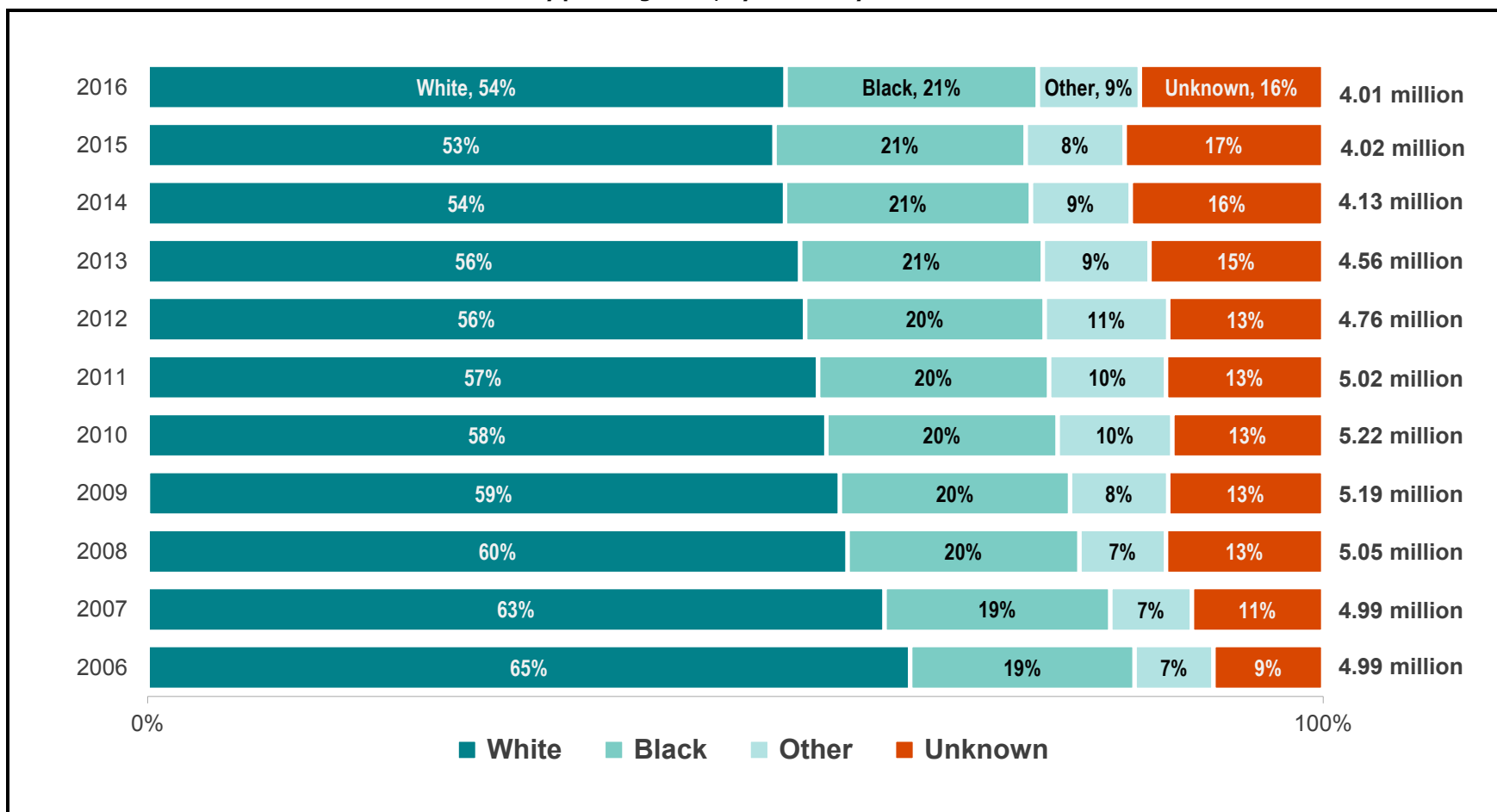
Note: Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories. The percentage of users under 15 is 1% each year from 2006 to 2016.

Exhibit A-4a. Number and distribution of all family planning users, by race and year: 2006–2016

Race	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
American Indian/Alaska Native	38,098	38,080	36,974	39,220	44,899	43,204	45,785	34,051	29,327	30,526	33,467
Asian	129,155	131,735	137,747	150,847	136,958	134,345	136,412	135,567	128,797	131,676	135,555
Black/African American	953,580	958,241	996,093	1,015,013	1,028,991	986,803	969,776	939,941	863,136	857,659	859,886
Native Hawaiian/Pacific Islander	44,708	43,360	45,693	73,559	65,662	70,929	70,519	52,263	39,266	40,941	35,479
White	3,239,675	3,125,435	3,007,568	3,054,226	3,015,861	2,864,253	2,664,736	2,530,204	2,238,847	2,142,835	2,174,833
More than one race	122,583	132,911	151,535	169,044	261,397	250,825	248,590	191,871	153,907	136,043	142,564
Unknown/not reported	466,479	557,476	675,895	684,358	671,094	671,352	627,979	673,927	676,003	678,335	625,768
Total All Users	4,994,278	4,987,238	5,051,505	5,186,267	5,224,862	5,021,711	4,763,797	4,557,824	4,129,283	4,018,015	4,007,552
American Indian/Alaska Native	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Asian	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Black/African American	19%	19%	20%	20%	20%	20%	20%	21%	21%	21%	21%
Native Hawaiian/Pacific Islander	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
White	65%	63%	60%	59%	58%	57%	56%	56%	54%	53%	54%
More than one race	2%	3%	3%	3%	5%	5%	5%	4%	4%	3%	4%
Unknown/not reported	9%	11%	13%	13%	13%	13%	13%	15%	16%	17%	16%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Note: Due to rounding, percentages in each year may not sum to 100%.

Exhibit A-4b. Number and distribution of all family planning users, by race and year: 2006–2016



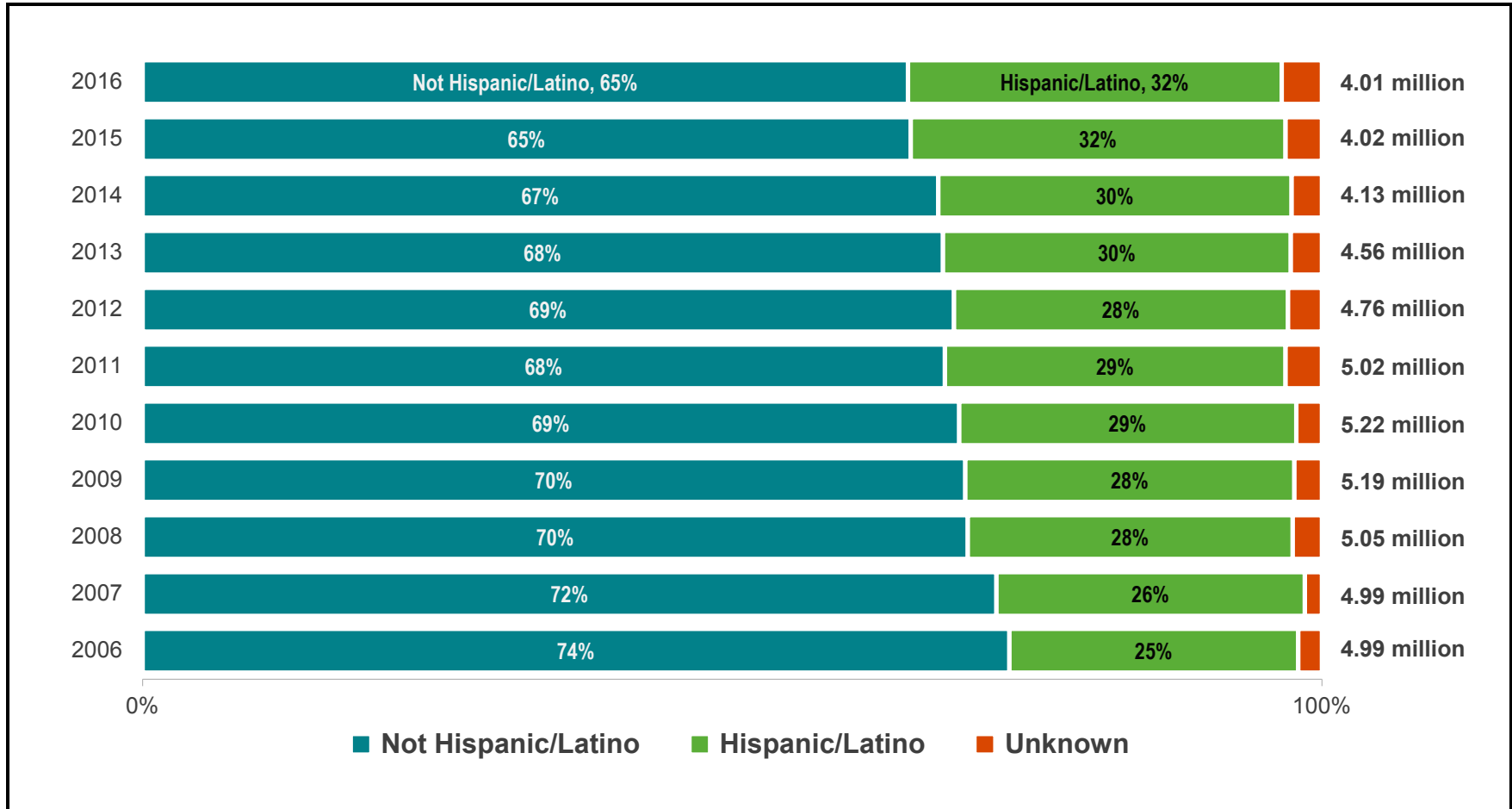
Note: Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories. The Other race category includes users who self-identified as American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and more than one race.

Exhibit A-5a. Number and distribution of all family planning users, by Hispanic or Latino ethnicity (all races) and year: 2006–2016

Ethnicity	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Hispanic or Latino	1,223,732	1,303,402	1,391,523	1,447,422	1,493,007	1,451,215	1,349,528	1,344,601	1,237,652	1,276,765	1,269,988
Not Hispanic or Latino	3,670,894	3,611,497	3,534,915	3,618,344	3,618,285	3,416,314	3,277,828	3,093,545	2,786,005	2,617,597	2,600,742
Unknown/not reported	99,652	72,339	125,067	120,501	113,570	154,182	136,441	119,678	105,626	123,653	136,822
Total All Users	4,994,278	4,987,238	5,051,505	5,186,267	5,224,862	5,021,711	4,763,797	4,557,824	4,129,283	4,018,015	4,007,552
Hispanic or Latino	25%	26%	28%	28%	29%	29%	28%	30%	30%	32%	32%
Not Hispanic or Latino	74%	72%	70%	70%	69%	68%	69%	68%	67%	65%	65%
Unknown/not reported	2%	1%	2%	2%	2%	3%	3%	3%	3%	3%	3%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Note: Due to rounding, percentages in each year may not sum to 100%.

Exhibit A-5b. Number and distribution of all family planning users, by Hispanic or Latino ethnicity (all races) and year: 2006–2016



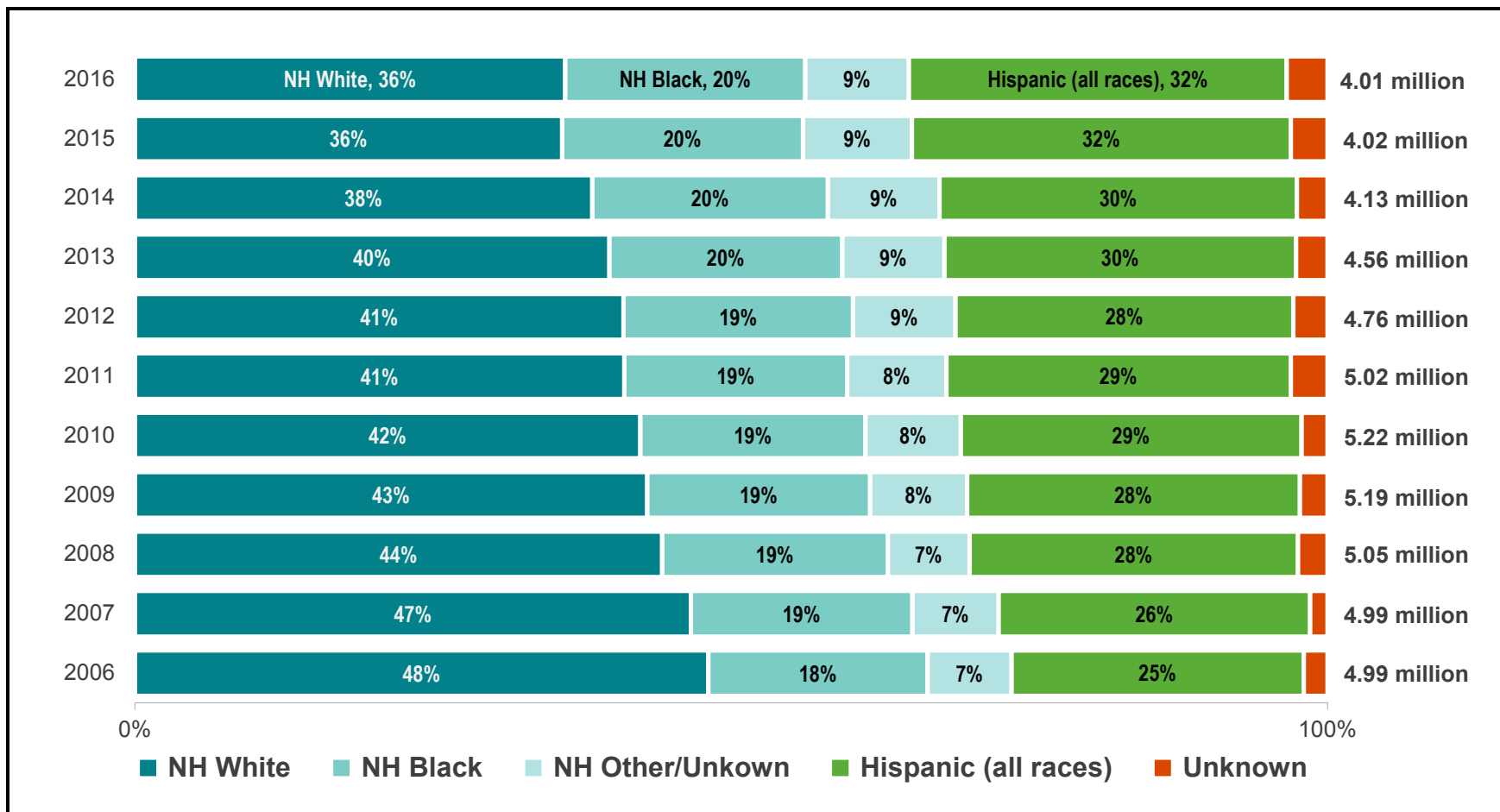
Note: Due to rounding, percentages in each year may not sum to 100%.

Exhibit A-6a. Number and distribution of all family planning users, by Hispanic or Latino ethnicity, race, and year: 2006-2016

Ethnicity and Race	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Not Hispanic or Latino											
Asian	123,192	126,320	127,850	139,831	126,413	121,777	124,790	128,015	119,454	122,310	124,233
Black or African American	918,983	926,564	956,741	969,690	986,409	939,143	917,539	890,133	816,061	811,244	806,815
White	2,400,897	2,324,430	2,232,893	2,227,867	2,214,680	2,060,244	1,951,410	1,812,924	1,583,629	1,439,284	1,445,887
Other/unknown	227,822	234,183	217,431	280,956	290,783	295,150	284,089	262,473	266,861	244,759	223,807
Hispanic or Latino											
All races	1,223,732	1,303,402	1,391,523	1,447,422	1,493,007	1,451,215	1,349,528	1,344,601	1,237,652	1,276,765	1,269,988
Unknown/Not Reported	99,652	72,339	125,067	120,501	113,570	154,182	136,441	119,678	105,626	123,653	136,822
Total All Users	4,994,278	4,987,238	5,051,505	5,186,267	5,224,862	5,021,711	4,763,797	4,557,824	4,129,283	4,018,015	4,007,552
Not Hispanic or Latino											
Asian	2%	3%	3%	3%	2%	2%	3%	3%	3%	3%	3%
Black or African American	18%	19%	19%	19%	19%	19%	19%	20%	20%	20%	20%
White	48%	47%	44%	43%	42%	41%	41%	40%	38%	36%	36%
Other/unknown	5%	5%	4%	5%	6%	6%	6%	6%	6%	6%	6%
Hispanic or Latino											
All races	25%	26%	28%	28%	29%	29%	28%	30%	30%	32%	32%
Unknown/Not Reported	2%	1%	2%	2%	2%	3%	3%	3%	3%	3%	3%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Note: The Not Hispanic or Latino "Other/Unknown" category includes users who self-identified as not Hispanic or Latino and for whom either race was unknown/not reported or the user self-identified as one of the following: Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or more than one race. Due to rounding, percentages in each year may not sum to 100%.

Exhibit A-6b. Number and distribution of all family planning users, by Hispanic or Latino ethnicity, race, and year: 2006-2016



NH=Not Hispanic or Latino.

Note: Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories. The "NH Other" category includes users who self-identified as not Hispanic or Latino and for whom either race was unknown/not reported or the user self-identified as one of the following: Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or more than one race. The "Unknown" category includes users with unknown or not reported Hispanic or Latino ethnicity.

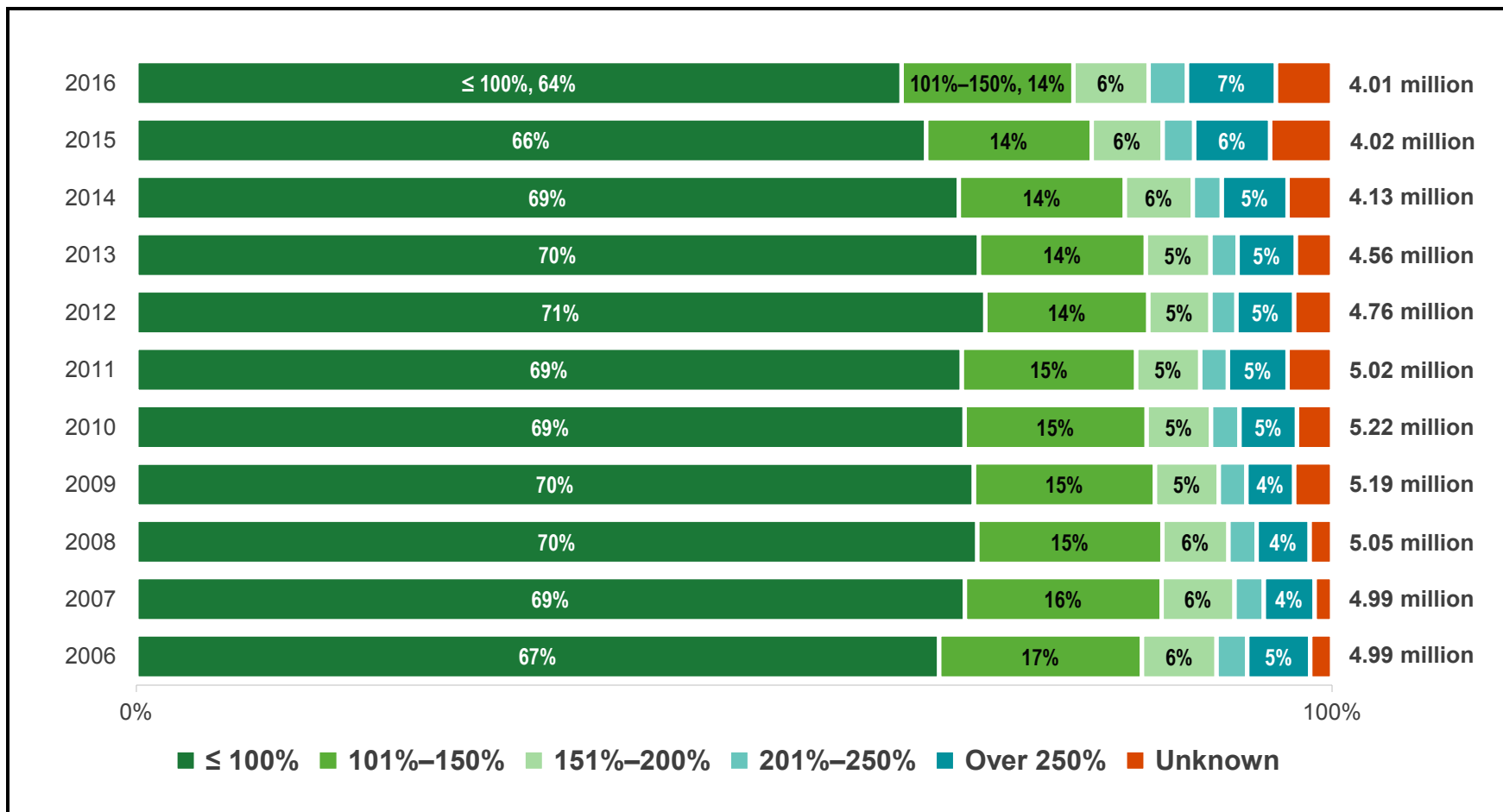
Exhibit A-7a. Number and distribution of all family planning users, by income level and year: 2006–2016

Income Level ^a	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Under 101%	3,353,129	3,455,335	3,553,222	3,632,506	3,618,813	3,466,912	3,382,089	3,211,380	2,840,650	2,653,841	2,564,992
101% to 150%	846,873	820,870	781,113	785,090	795,065	731,410	649,462	636,484	572,948	556,141	575,420
151% to 200%	311,958	303,992	278,881	277,103	281,294	269,478	247,490	245,805	234,425	238,420	252,273
201% to 250%	127,902	121,473	119,181	119,768	125,298	116,188	103,061	103,246	100,402	105,975	128,874
Over 250%	262,501	212,849	224,603	207,484	250,440	250,829	230,947	222,718	226,918	255,093	297,988
Unknown/not reported	91,915	72,719	94,505	164,316	153,952	186,894	150,748	138,191	153,940	208,545	188,005
Total All Users	4,994,278	4,987,238	5,051,505	5,186,267	5,224,862	5,021,711	4,763,797	4,557,824	4,129,283	4,018,015	4,007,552
Under 101%	67%	69%	70%	70%	69%	69%	71%	70%	69%	66%	64%
101% to 150%	17%	16%	15%	15%	15%	15%	14%	14%	14%	14%	14%
151% to 200%	6%	6%	6%	5%	5%	5%	5%	5%	6%	6%	6%
201% to 250%	3%	2%	2%	2%	2%	2%	2%	2%	2%	3%	3%
Over 250%	5%	4%	4%	4%	5%	5%	5%	5%	5%	6%	7%
Unknown/not reported	2%	1%	2%	3%	3%	4%	3%	3%	4%	5%	5%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Note: Due to rounding, percentages in each year may not sum to 100%.

^a Title X-funded grantees and subrecipients report user income as a percentage of poverty based on guidelines issued by the U.S. Department of Health and Human Services (HHS). Each year, HHS announces updates to its poverty guidelines in the *Federal Register* and on the HHS Website at <https://aspe.hhs.gov/poverty-guidelines/>.

Exhibit A-7b. Number and distribution of all family planning users, by income level and year: 2006–2016



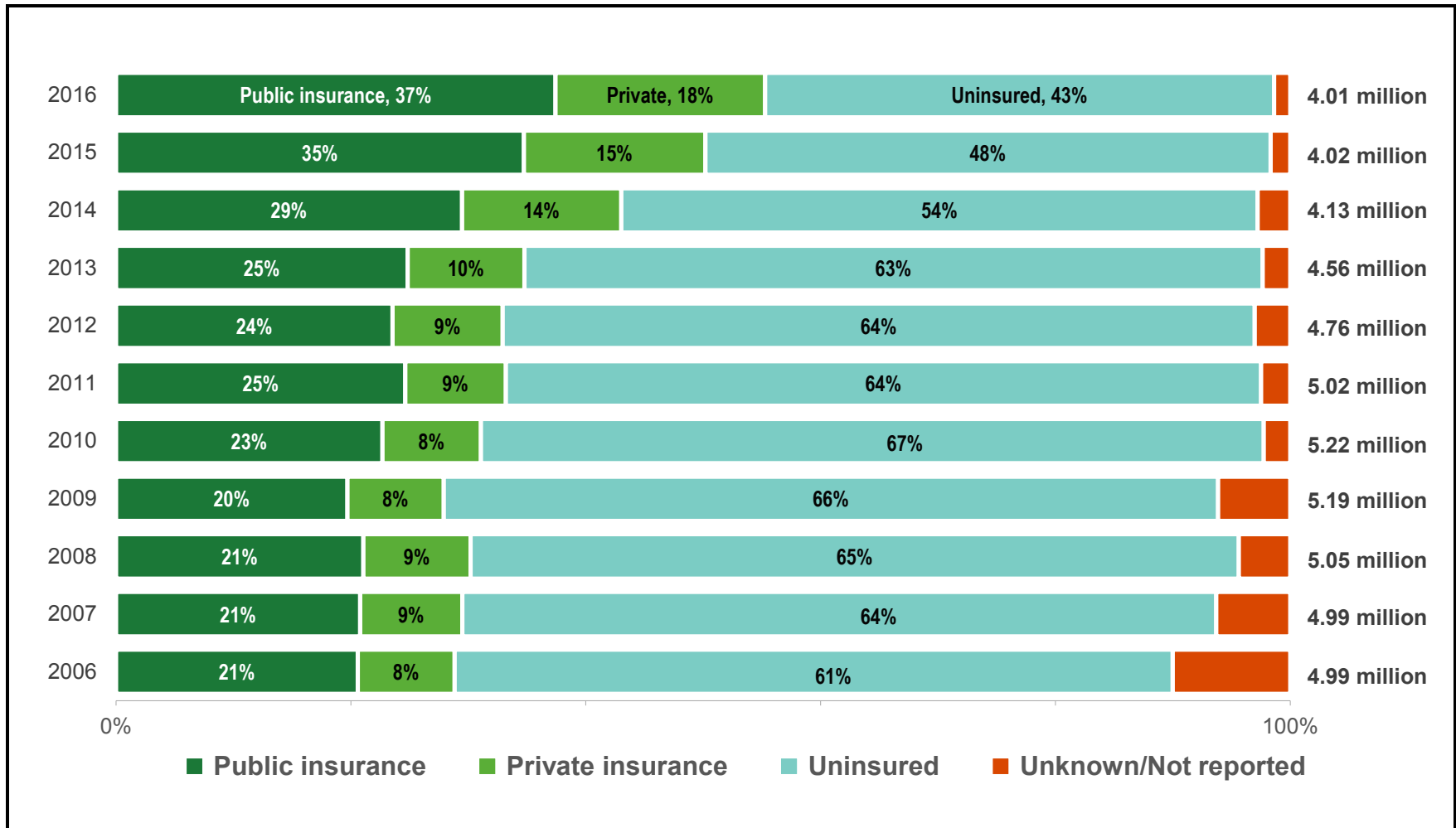
Note: Title X-funded grantees and subrecipients report user income as a percentage of poverty based on guidelines issued by the U.S. Department of Health and Human Services (HHS). Each year, HHS announces updates to its poverty guidelines in the *Federal Register* and on the HHS Website at <https://aspe.hhs.gov/poverty-guidelines/>. Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories.

Exhibit A-8a. Number and distribution of all family planning users, by primary health insurance status and year: 2006-2016

Primary Insurance	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Public insurance	1,027,381	1,036,976	1,063,937	1,021,164	1,184,795	1,236,343	1,121,372	1,131,406	1,215,648	1,395,201	1,499,672
Private insurance	412,562	433,058	460,969	426,308	438,042	429,919	447,341	453,535	559,845	621,066	715,090
Uninsured	3,053,824	3,202,642	3,305,185	3,419,915	3,483,360	3,230,784	3,050,415	2,865,672	2,239,377	1,934,154	1,737,488
Unknown/not reported	500,511	314,562	221,414	318,880	118,665	124,665	144,669	107,211	114,413	67,594	55,302
Total All Users	4,994,278	4,987,238	5,051,505	5,186,267	5,224,862	5,021,711	4,763,797	4,557,824	4,129,283	4,018,015	4,007,552
Public insurance	21%	21%	21%	20%	23%	25%	24%	25%	29%	35%	37%
Private insurance	8%	9%	9%	8%	8%	9%	9%	10%	14%	15%	18%
Uninsured	61%	64%	65%	66%	67%	64%	64%	63%	54%	48%	43%
Unknown/not reported	10%	6%	4%	6%	2%	2%	3%	2%	3%	2%	1%
Total All Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Note: Due to rounding, percentages in each year may not sum to 100%.

Exhibit A-8b. Number and distribution of all family planning users, by primary health insurance status and year: 2006-2016



Note: Due to rounding, percentages in each year may not sum to 100%.

Exhibit A-9a. Number of all female family planning users, by primary contraceptive method and year: 2006–2016

Primary Method	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Most Effective^a											
Vasectomy	6,605	6,546	6,312	6,905	8,683	8,632	8,540	8,175	7,582	6,879	8,178
Sterilization	89,428	89,447	87,167	92,616	92,652	90,438	86,854	82,067	74,748	84,108	86,112
Hormonal implant	2,506	7,300	18,738	30,135	48,015	65,673	82,642	108,586	139,799	177,975	209,014
Intrauterine device	110,338	138,714	179,876	216,390	252,121	272,683	284,461	279,289	265,511	273,650	288,939
Moderately Effective^a											
Hormonal injection ^b	571,588	591,861	597,572	615,188	643,682	645,351	645,136	635,093	611,619	574,476	519,841
Vaginal ring	98,689	139,656	149,627	165,121	186,238	183,182	164,693	142,292	115,230	95,186	83,473
Contraceptive patch	170,815	128,324	101,763	106,266	93,499	89,795	83,145	78,547	69,469	49,010	47,030
Oral contraceptive	1,859,542	1,826,518	1,734,786	1,696,319	1,684,201	1,534,684	1,409,300	1,316,671	1,135,950	1,000,062	946,383
Cervical cap/diaphragm	4,753	4,087	3,612	12,278	4,402	3,390	4,116	8,245	2,379	1,660	2,130
Less Effective^a											
Male condom	747,323	716,646	727,440	737,991	787,329	838,131	745,265	692,678	578,139	572,607	559,356
Female condom	6,031	3,925	4,753	4,635	5,944	5,939	3,722	3,914	3,308	3,558	2,929
Contraceptive sponge	1,076	1,827	1,337	991	1,581	921	765	541	651	660	138
Withdrawal or other ^c	133,099	123,844	111,160	105,705	116,635	115,002	113,016	95,798	70,982	61,504	75,191
FAM ^d or LAM	9,446	8,784	10,409	12,633	14,379	17,105	12,676	11,753	12,648	13,503	14,392
Spermicide	22,075	16,882	13,627	15,598	8,346	7,061	4,926	4,028	2,911	1,873	1,848
Other											
Abstinence	49,022	53,987	61,329	62,380	75,534	69,924	71,737	72,486	70,098	73,896	89,102
No Method											
Pregnant/seeking pregnancy	373,111	383,303	381,848	395,633	400,194	361,056	377,547	356,750	330,279	321,229	321,706
Other reason	326,885	308,061	283,848	260,946	238,347	229,541	183,613	181,657	175,111	171,068	175,371
Method Unknown	139,537	142,145	248,458	273,961	160,788	96,687	96,590	106,017	98,208	124,449	121,885
Total Female Users	4,721,869	4,691,857	4,723,662	4,811,691	4,822,570	4,635,195	4,378,744	4,184,587	3,764,622	3,607,353	3,553,018
Using Most, Moderately, or Less Effective Method	3,833,314	3,804,361	3,748,179	3,818,771	3,947,707	3,877,987	3,649,257	3,467,677	3,090,926	2,916,711	2,844,954
Most effective ^a	208,877	242,007	292,093	346,046	401,471	437,426	462,497	478,117	487,640	542,612	592,243
Moderately effective ^a	2,705,387	2,690,446	2,587,360	2,595,172	2,612,022	2,456,402	2,306,390	2,180,848	1,934,647	1,720,394	1,598,857
Less effective ^a	919,050	871,908	868,726	877,553	934,214	984,159	880,370	808,712	668,639	653,705	653,854
Abstinent	49,022	53,987	61,329	62,380	75,534	69,924	71,737	72,486	70,098	73,896	89,102
Not Using a Method	699,996	691,364	665,696	656,579	638,541	590,597	561,160	538,407	505,390	492,297	497,077

FAM=fertility awareness-based method. LAM=lactational amenorrhea method.

^a See Table 7 comments in the *Field and Methodological Notes (Appendix C)*.

^b Hormonal injection figures include both 1- and 3-month hormonal injection users.

^c Withdrawal/Other category includes other methods not listed separately in FPAR Table 7.

^d For 2006–2010, the FAM category includes Calendar Rhythm, Standard Days®, Basal Body Temperature, Cervical Mucus, and SymptoThermal methods. For 2011–2016, the FAM category includes Calendar Rhythm, Standard Days®, TwoDay, Billings Ovulation, and SymptoThermal methods.

Exhibit A-9b. Distribution of all female family planning users, by primary contraceptive method and year: 2006–2016

Primary Method	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Most Effective^a											
Vasectomy	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Sterilization	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%
Hormonal implant	0%†	0%†	0%†	1%	1%	1%	2%	3%	4%	5%	6%
Intrauterine device	2%	3%	4%	4%	5%	6%	6%	7%	7%	8%	8%
Moderately Effective^a											
Hormonal injection ^b	12%	13%	13%	13%	13%	14%	15%	15%	16%	16%	15%
Vaginal ring	2%	3%	3%	3%	4%	4%	4%	3%	3%	3%	2%
Contraceptive patch	4%	3%	2%	2%	2%	2%	2%	2%	2%	1%	1%
Oral contraceptive	39%	39%	37%	35%	35%	33%	32%	31%	30%	28%	27%
Cervical cap/diaphragm	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Less Effective^a											
Male condom	16%	15%	15%	15%	16%	18%	17%	17%	15%	16%	16%
Female condom	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Contraceptive sponge	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Withdrawal or other ^c	3%	3%	2%	2%	2%	2%	3%	2%	2%	2%	2%
FAM ^d or LAM	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Spermicide	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Other											
Abstinence	1%	1%	1%	1%	2%	2%	2%	2%	2%	2%	3%
No Method											
Pregnant/seeking pregnancy	8%	8%	8%	8%	8%	8%	9%	9%	9%	9%	9%
Other reason	7%	7%	6%	5%	5%	5%	4%	4%	5%	5%	5%
Method Unknown	3%	3%	5%	6%	3%	2%	2%	3%	3%	3%	3%
Total Female Users	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Using Most, Moderately, or Less Effective Method	81%	81%	79%	79%	82%	84%	83%	83%	82%	81%	80%
Most effective ^a	4%	5%	6%	7%	8%	9%	11%	11%	13%	15%	17%
Moderately effective ^a	57%	57%	55%	54%	54%	53%	53%	52%	51%	48%	45%
Less effective ^a	19%	19%	18%	18%	19%	21%	20%	19%	18%	18%	18%
Abstinent	1%	1%	1%	1%	2%	2%	2%	2%	2%	2%	3%
Not Using a Method	15%	15%	14%	14%	13%	13%	13%	13%	13%	14%	14%

FAM=fertility awareness-based method. LAM=lactational amenorrhea method. Note: Due to rounding, the percentages in each year may not sum to 100%.

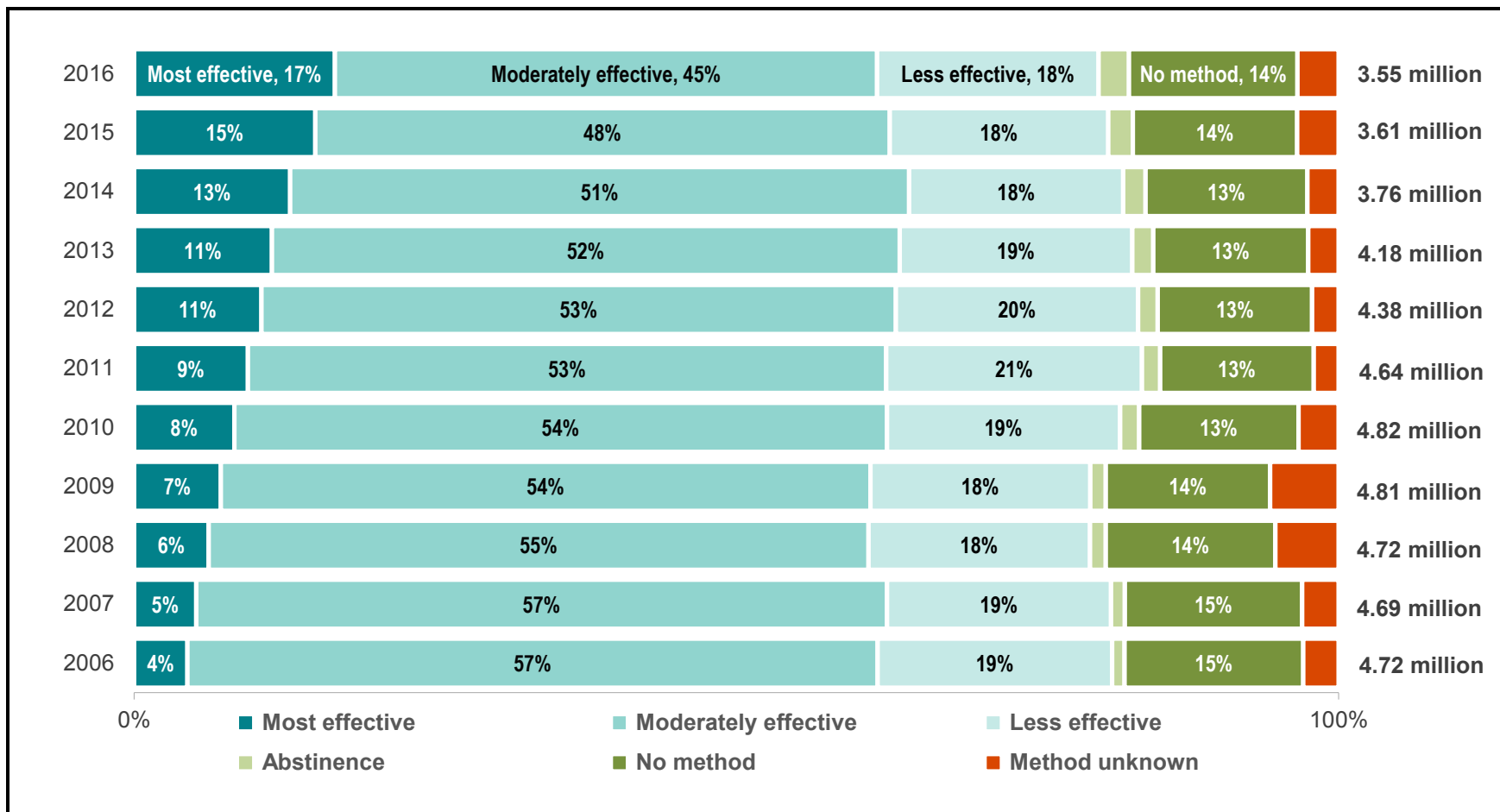
^a See Table 7 comments in the *Field and Methodological Notes (Appendix C)*.

^b Hormonal injection figures include both 1- and 3-month hormonal injection users.

^c Withdrawal/Other category includes other methods not listed separately in FPAR Table 7.

^d For 2006–2010, the FAM category includes Calendar Rhythm, Standard Days®, Basal Body Temperature, Cervical Mucus, and SymptoThermal methods. For 2011–2016, the FAM category includes Calendar Rhythm, Standard Days®, TwoDay, Billings Ovulation, and SymptoThermal methods.

† Percentage is less than 0.5%.

Exhibit A-9c. Number and distribution of all female family planning users, by type of primary contraceptive method and year: 2006–2016

Note: Due to rounding, the percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of individual percentages included in the aggregated categories. **Most effective permanent** methods include vasectomy (male sterilization) and female sterilization. **Most effective reversible** methods include implants and intrauterine devices/systems. **Moderately effective** methods include injectable contraception, vaginal ring, contraceptive patch, pills, diaphragm with spermicidal cream/jelly, and the cervical cap. **Less effective** methods include male condoms, female condoms, the sponge, withdrawal, fertility awareness-based (FAM) and lactational amenorrhea (LAM) methods, spermicides, and other methods not listed in Table 7. Because of combined FPAR reporting categories (e.g., FAM and LAM, diaphragm and cervical cap, or withdrawal and other), the FPAR data may vary slightly from the moderately and less effective method categories described in the Table 7 comments in the **Field and Methodological Notes (Appendix C)**.

Exhibit A-10a. Number and percentage of female users who received a Pap test, number of Pap tests performed, and percentage of Pap tests performed with an ASC or higher result, by year: 2006-2016

Screening Measures	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Female Users Screened											
Number	2,326,153	2,272,571	2,088,218	2,035,017	1,727,251	1,444,418	1,237,328	988,114	785,540	743,683	687,373
Percentage	49%	48%	44%	42%	36%	31%	28%	24%	21%	21%	19%
Pap Tests Performed											
Number	2,477,209	2,470,674	2,209,087	2,190,127	1,810,620	1,522,777	1,308,667	1,043,671	813,858	769,807	720,215
Percentage with an ASC or higher result	10%	10%	11%	12%	13%	15%	14%	14%	14%	14%	14%

ASC=atypical squamous cells.

Exhibit A-10b. Number and percentage of female users who received a Pap test, by year: 2006-2016

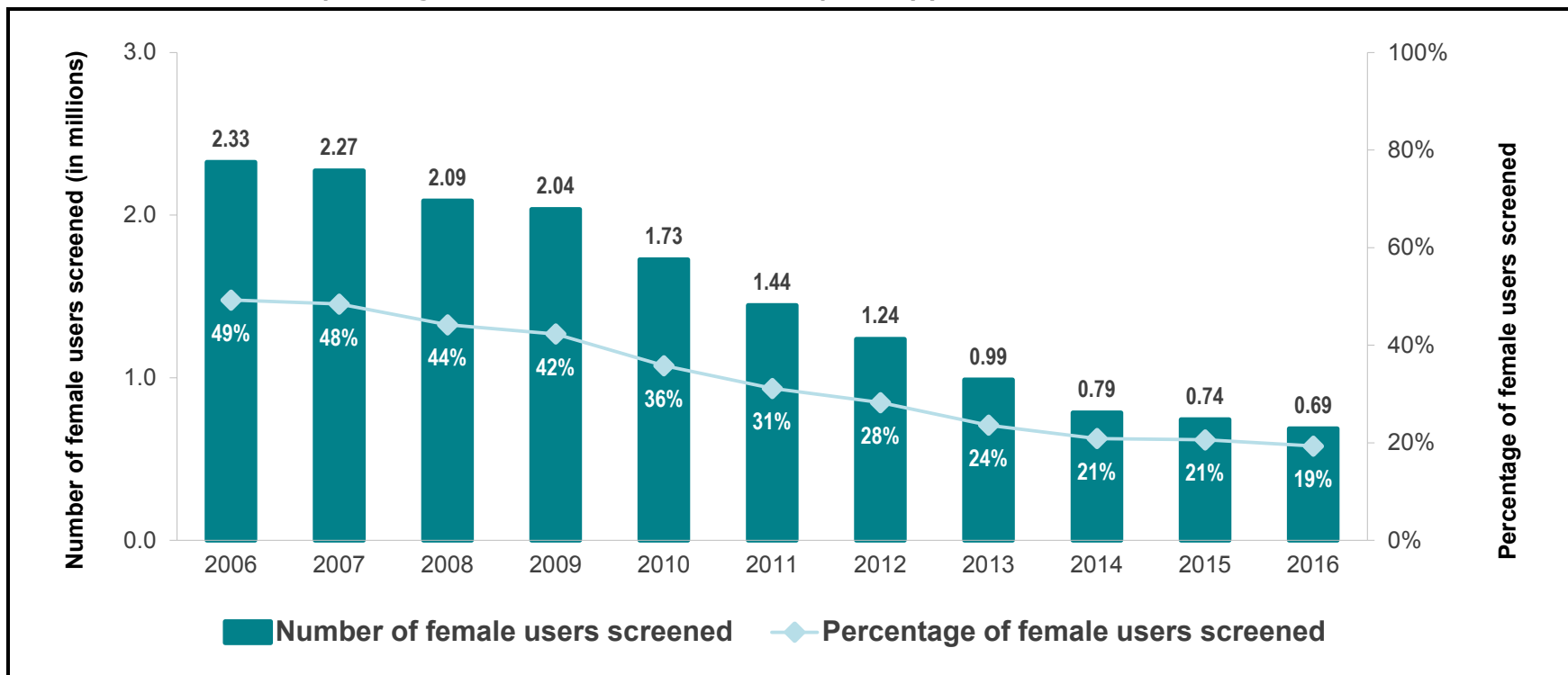


Exhibit A-11a. Number and percentage of female users under 25 tested for chlamydia, by year: 2006–2016

Chlamydia Testing Measures	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Number tested	1,387,222	1,385,623	1,435,430	1,433,829	1,442,176	1,357,231	1,268,269	1,181,534	1,011,474	955,775	953,273
Percentage tested	51%	52%	55%	55%	57%	58%	59%	60%	58%	59%	61%

Exhibit A-11b. Number and percentage of female users under 25 tested for chlamydia, by year: 2006–2016

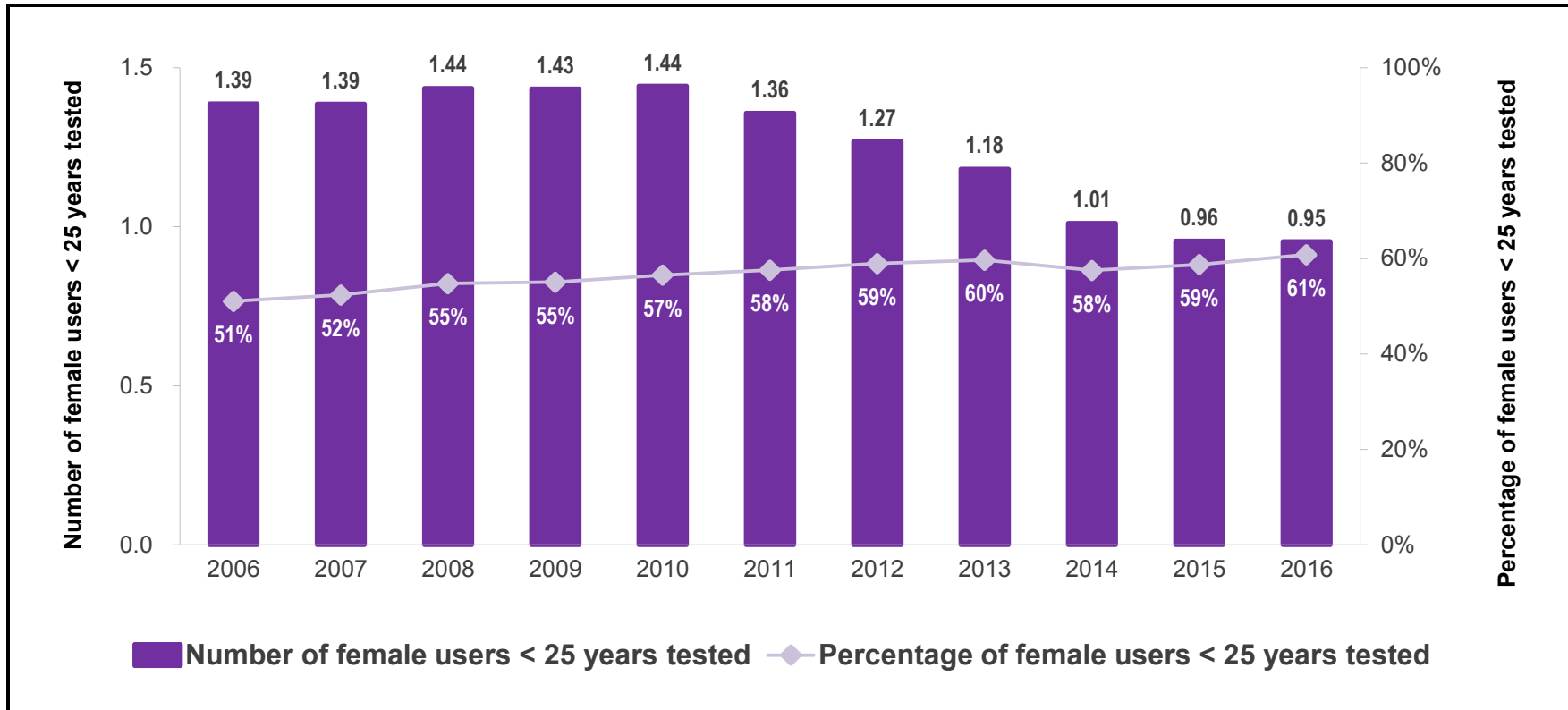


Exhibit A-12a. Number of confidential HIV tests performed and number of tests per 10 users (all, female, and male), by year: 2006–2016

HIV Testing Measures	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Tests performed	652,426	764,126	833,105	997,765	1,101,665	1,283,375	1,249,867	1,187,631	1,031,624	1,113,635	1,163,883
Tests per 10 users	1.3	1.5	1.6	1.9	2.1	2.6	2.6	2.6	2.5	2.8	2.9
Tests per 10 female users	1.2	1.4	1.5	1.8	1.9	2.3	2.4	2.4	2.2	2.4	2.5
Tests per 10 male users	3.5	4.1	3.9	4.1	4.3	5.2	5.5	5.3	5.7	5.9	5.7

Exhibit A-12b. Number of confidential HIV tests performed and number of tests per 10 users (all, female, and male), by year: 2006–2016

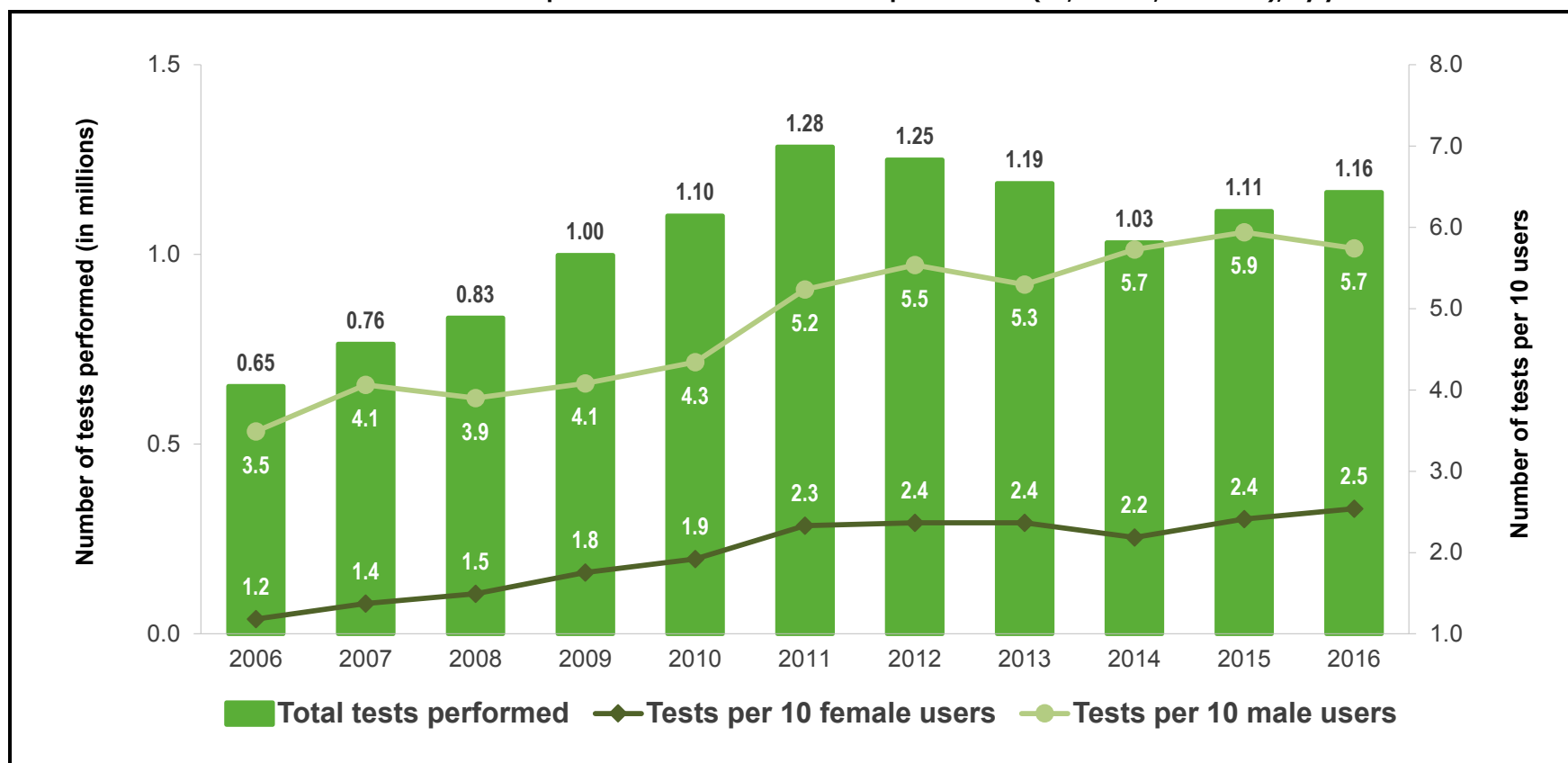


Exhibit A-13a. Actual and adjusted (constant 2016\$ and 2006\$) total, Title X, and Medicaid revenue, by year: 2006-2016

Revenue	2006 (\$)	2007 (\$)	2008 (\$)	2009 (\$)	2010 (\$)	2011 (\$)	2012 (\$)	2013 (\$)	2014 (\$)	2015 (\$)	2016 (\$)	Change		
												2006- 2016	2015- 2016	
Total														
Actual ^a	1,081,431,527	1,140,511,162	1,211,489,469	1,231,311,085	1,293,835,909	1,286,574,610	1,260,206,935	1,284,715,163	1,243,901,947	1,244,040,899	1,305,139,649		21%	5%
2016\$ ^b	1,491,471,634	1,506,396,489	1,542,959,030	1,519,990,435	1,544,448,416	1,490,419,885	1,408,273,444	1,401,182,458	1,325,009,959	1,291,165,264	1,305,139,649		-12%	1%
2006\$ ^b	1,081,431,527	1,092,253,194	1,118,763,845	1,102,109,849	1,119,843,765	1,080,668,928	1,021,106,447	1,015,964,938	960,734,024	936,194,019	946,326,522		-12%	1%
Title X														
Actual ^a	262,983,478	255,337,864	259,743,981	266,393,881	279,295,186	276,002,719	267,095,215	253,655,493	249,517,445	242,576,878	245,066,054		-7%	1%
2016\$ ^b	362,697,395	337,252,343	330,811,230	328,849,595	333,393,906	319,732,674	298,477,248	276,650,916	265,787,107	251,765,709	245,066,054		-32%	-3%
2006\$ ^b	262,983,478	244,533,861	239,863,558	238,441,222	241,736,197	231,830,754	216,418,938	200,593,170	192,716,073	182,549,482	177,691,718		-32%	-3%
Medicaid^c														
Actual ^a	320,457,197	349,919,735	407,561,796	450,028,613	482,175,678	506,887,574	499,181,475	508,494,458	493,061,463	503,186,368	505,508,702		58%	0%†
2016\$ ^b	441,963,090	462,176,853	519,072,736	555,537,261	575,571,799	587,198,996	557,832,206	554,592,594	525,211,292	522,247,106	505,508,702		14%	-3%
2006\$ ^b	320,457,197	335,113,729	376,367,615	402,807,197	417,333,777	425,764,388	404,471,209	402,122,241	380,818,540	378,669,277	366,532,648		14%	-3%

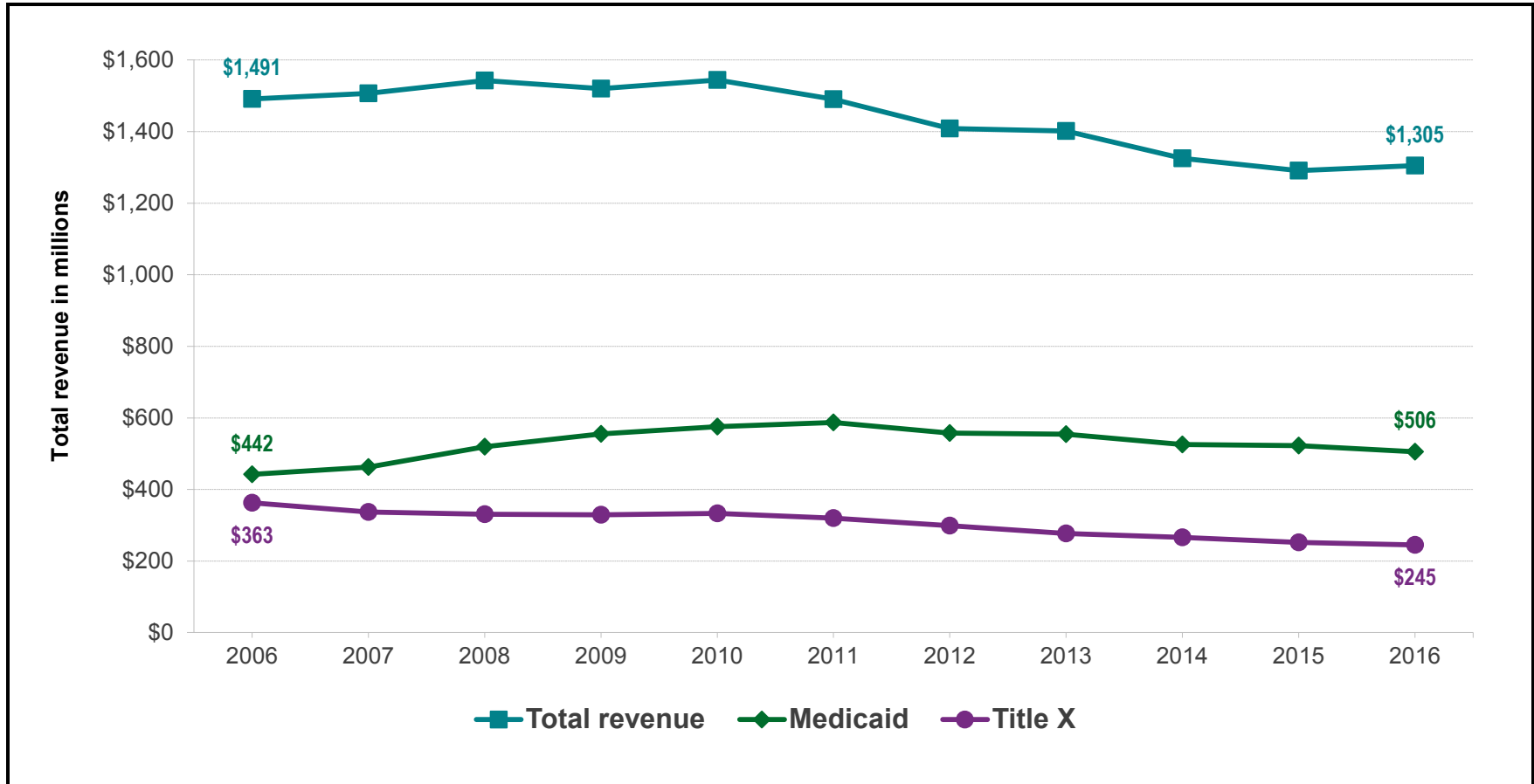
^a Revenue is shown in actual dollars (unadjusted) for each year.

^b Revenue is shown in constant 2016 dollars (2016\$) and 2006 dollars (2006\$), based on the consumer price index for medical care, which includes medical care commodities and medical care services (Source: U.S. Department of Labor, Bureau of Labor Statistics, <http://data.bls.gov/cgi-bin/srgate>).

^c Medicaid revenue includes separately reported Children's Health Insurance Program revenue.

† Percentage is less than 0.5%.

Exhibit A-13b. Total, Title X, and Medicaid adjusted (constant 2016\$) revenue (in millions), by year: 2006-2016



Note: Medicaid revenue includes separately reported Children's Health Insurance Program revenue.

Exhibit A-13c. Total actual (unadjusted) and adjusted (constant 2016\$ and 2006\$) revenue (in millions), by year: 2006-2016

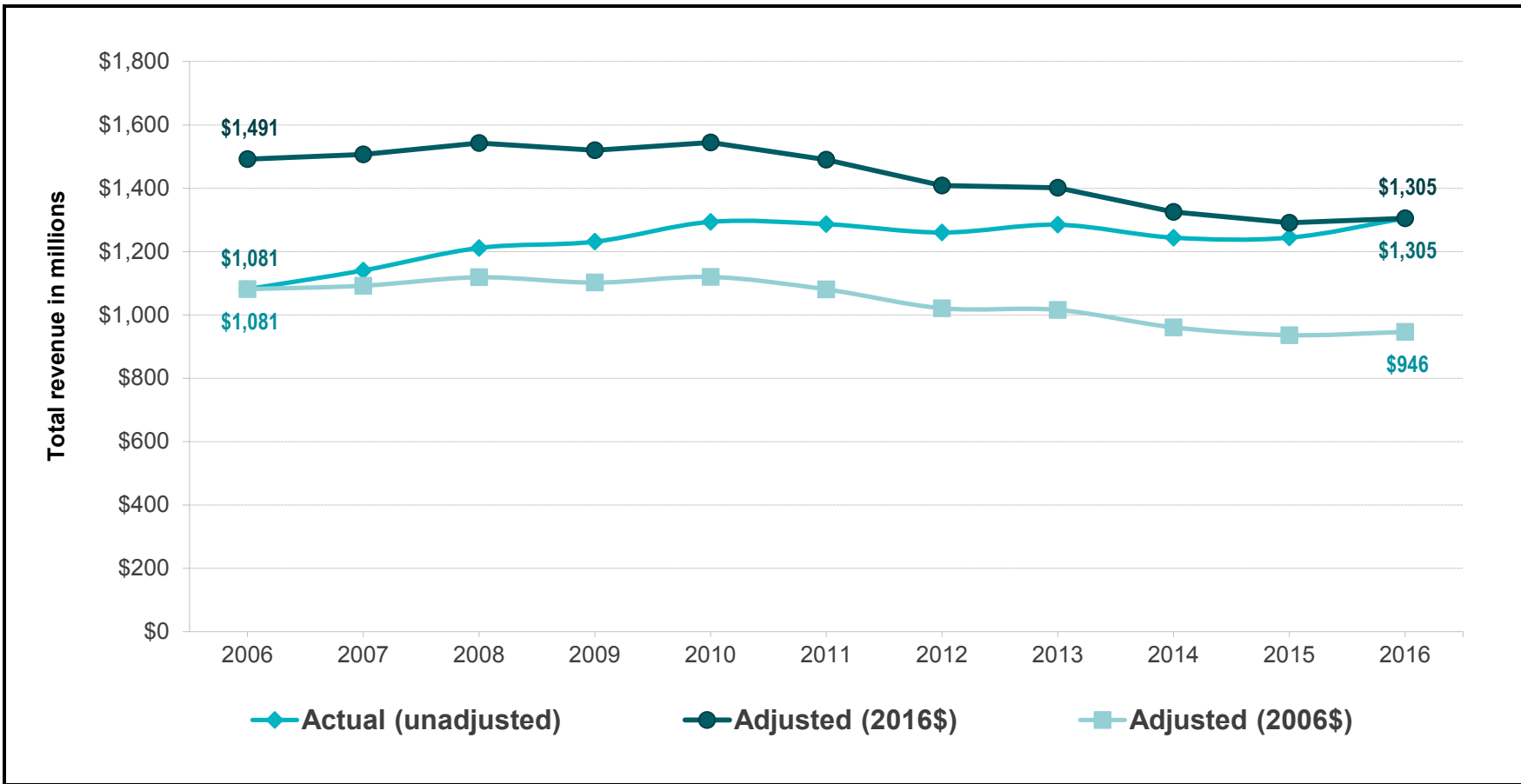


Exhibit A-13d. Title X actual (unadjusted) and adjusted (constant 2016\$ and 2006\$) revenue (in millions), by year: 2006–2016

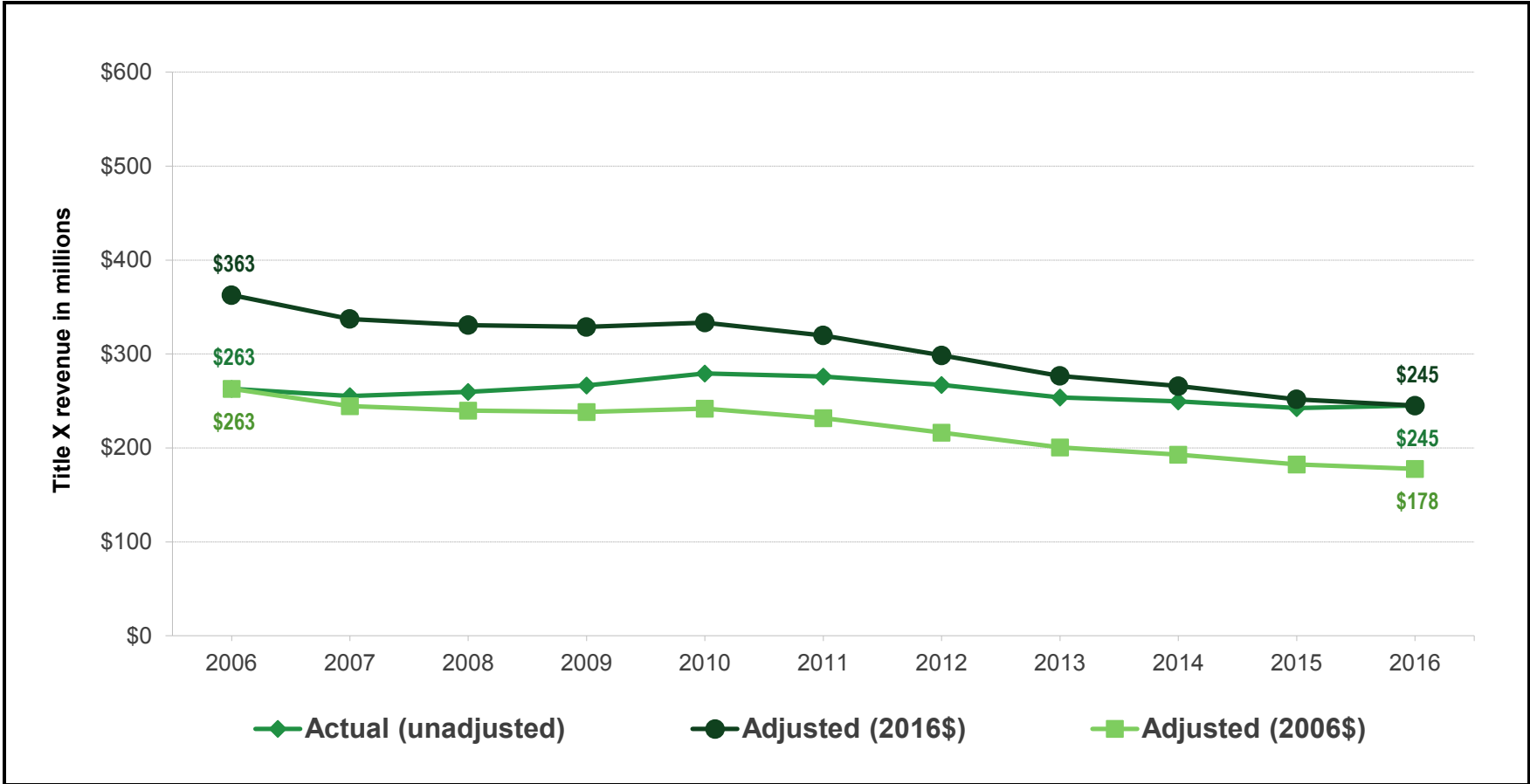
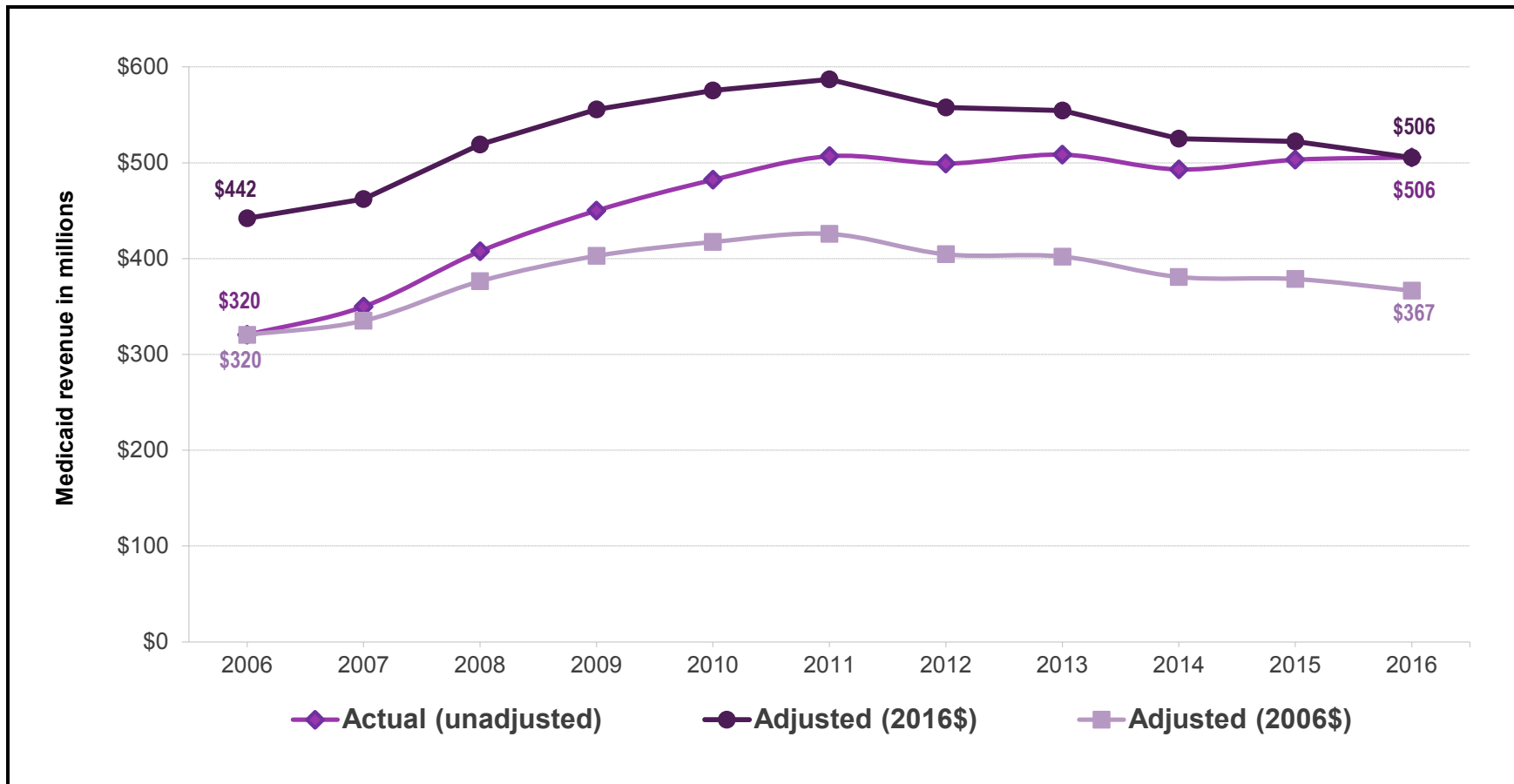


Exhibit A-13e. Medicaid actual (unadjusted) and adjusted (constant 2016\$ and 2006\$) revenue (in millions), by year: 2006–2016

Note: Medicaid revenue includes separately reported Children's Health Insurance Program revenue.

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Exhibit A-14a. Amount of Title X project revenue, by revenue source and year: 2006-2016

Revenue Sources	2006 (\$)	2007 (\$)	2008 (\$)	2009 (\$)	2010 (\$)	2011 (\$)	2012 (\$)	2013 (\$)	2014 (\$)	2015 (\$)	2016 (\$)
Title X	262,983,478	255,337,864	259,743,981	266,393,881	279,295,186	276,002,719	267,095,215	253,655,493	249,517,445	242,576,878	245,066,054
Payment for Services											
Client fees	102,527,805	94,273,992	94,531,003	80,940,857	84,540,815	72,156,363	70,400,120	69,425,823	53,170,034	47,872,483	52,876,599
Third-party payers											
Medicaid	320,154,915	349,672,196	407,349,628	449,834,131	481,262,633	506,608,330	498,739,261	505,709,855	490,470,842	501,418,354	504,313,859
Medicare	695,725	523,170	826,424	843,164	1,913,519	2,002,181	1,173,110	1,864,987	3,083,719	4,731,999	3,945,295
CHIP	302,282	247,539	212,168	194,482	913,045	279,244	442,214	2,784,603	2,590,621	1,768,014	1,194,843
Other	3,173,806	3,042,991	3,855,406	4,903,482	2,466,949	4,088,072	3,743,183	10,848,382	10,202,966	14,230,460	10,540,646
Private	37,263,692	46,403,049	45,067,919	48,445,935	50,409,637	51,655,083	63,955,467	69,210,207	95,138,355	104,000,648	132,617,104
Subtotal	464,118,225	494,162,937	551,842,548	585,162,051	621,506,598	636,789,273	638,453,355	659,843,857	654,656,537	674,021,958	705,488,346
Other Revenue											
MCH block grant	22,806,213	23,484,206	23,058,822	21,044,962	21,205,336	25,512,030	24,439,148	19,852,391	23,095,828	18,485,003	16,526,644
SS block grant	28,443,123	28,593,275	27,333,993	30,841,136	34,001,848	23,736,983	11,229,640	8,805,626	5,601,590	4,711,602	4,285,521
TANF	10,521,097	23,460,554	22,325,121	15,580,002	14,475,023	14,517,155	13,548,818	13,268,175	10,570,729	5,347,682	7,797,115
State government	133,618,734	138,760,608	147,447,953	153,830,395	135,464,470	125,392,165	117,468,476	131,054,838	120,974,720	119,983,576	133,484,660
Local government	93,388,186	99,510,026	101,295,242	84,666,243	91,289,586	84,214,372	87,010,991	93,770,370	80,388,864	73,018,511	66,637,455
BPHC	5,847,921	7,177,359	9,531,860	4,965,372	4,090,546	5,289,075	4,625,737	11,461,645	10,080,722	12,468,766	14,319,221
Other	59,704,550	70,024,333	68,909,949	68,827,043	92,507,316	95,120,838	96,335,555	93,002,768	89,015,512	93,426,923	111,534,633
Subtotal	354,329,824	391,010,361	399,902,940	379,755,153	393,034,125	373,782,618	354,658,365	371,215,813	339,727,965	327,442,063	354,585,249
Total Revenue											
Actual	1,081,431,527	1,140,511,162	1,211,489,469	1,231,311,085	1,293,835,909	1,286,574,610	1,260,206,935	1,284,715,163	1,243,901,947	1,244,040,899	1,305,139,649
2016^a	1,491,471,634	1,506,396,489	1,542,959,030	1,519,990,435	1,544,448,416	1,490,419,885	1,408,273,444	1,401,182,458	1,325,009,959	1,291,165,264	1,305,139,649
2006^a	1,081,431,527	1,092,253,194	1,118,763,845	1,102,109,849	1,119,843,765	1,080,668,928	1,021,106,447	1,015,964,938	960,734,024	936,194,019	946,326,522

BPHC=Bureau of Primary Health Care. **CHIP**=Children's Health Insurance Program. **MCH**=Maternal and Child Health. **SS**=Social Services. **TANF**=Temporary Assistance for Needy Families.

Note: Unless otherwise noted, revenue is shown in actual dollars (unadjusted) for each year.

^a Total revenue is shown in constant 2016 dollars (2016\$) and 2006 dollars (2006\$), based on the consumer price index for medical care, which includes medical care commodities and medical care services (Source: U.S. Department of Labor, Bureau of Labor Statistics, <http://data.bls.gov/cgi-bin/srgate>).

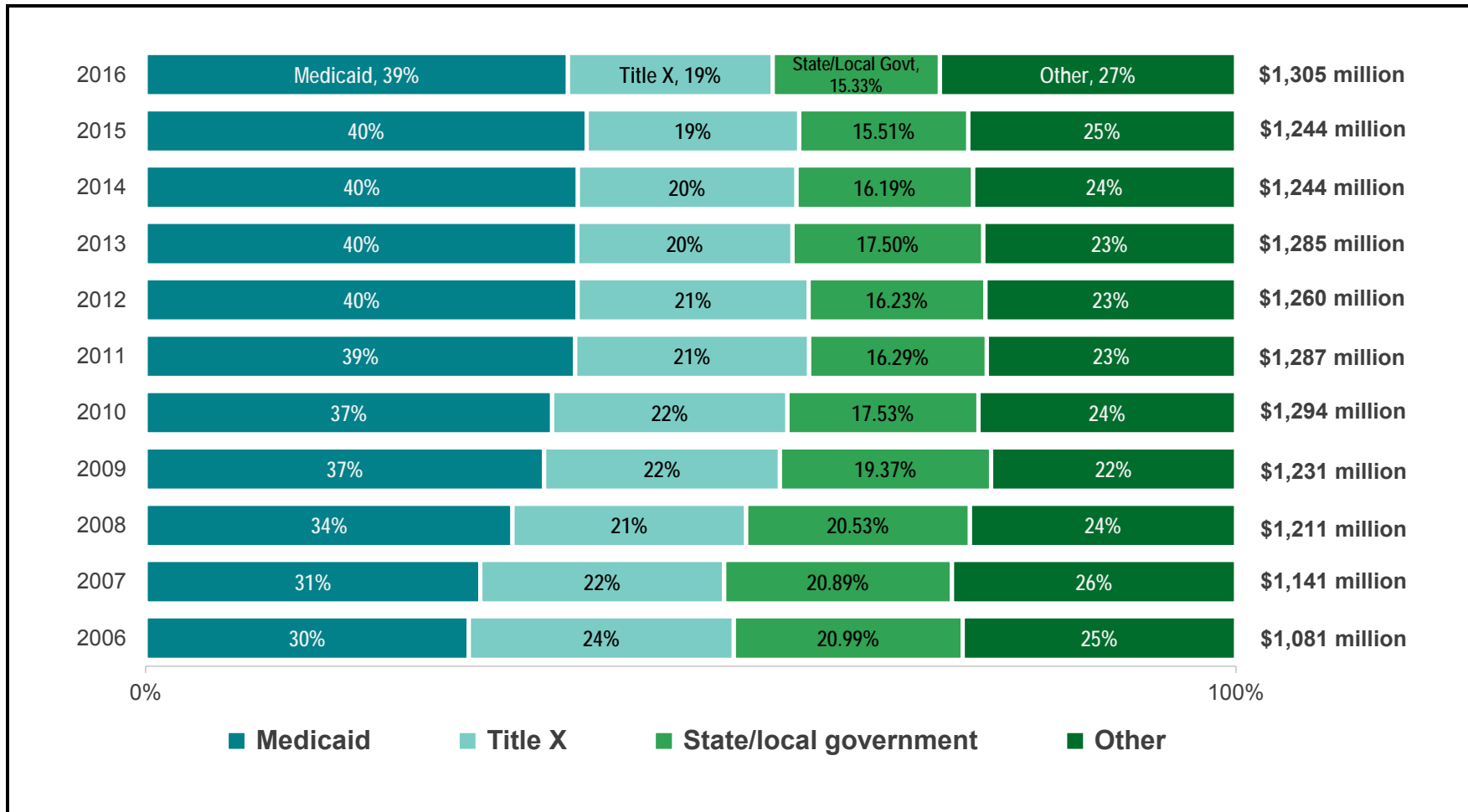
Exhibit A-14b. Distribution of Title X project revenue, by revenue source and year: 2006-2016

Revenue Sources	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Title X	24%	22%	21%	22%	22%	21%	21%	20%	20%	19%	19%
Payment for Services											
Client fees	9%	8%	8%	7%	7%	6%	6%	5%	4%	4%	4%
Third-party payers											
Medicaid	30%	31%	34%	37%	37%	39%	40%	39%	39%	40%	39%
Medicare	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
CHIP	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†	0%†
Other	0%†	0%†	0%†	0%†	0%†	0%†	0%†	1%	1%	1%	1%
Private	3%	4%	4%	4%	4%	4%	5%	5%	8%	8%	10%
Subtotal	43%	43%	46%	48%	48%	49%	51%	51%	53%	54%	54%
Other Revenue											
MCH block grant	2%	2%	2%	2%	2%	2%	2%	2%	2%	1%	1%
SS block grant	3%	3%	2%	3%	3%	2%	1%	1%	0%†	0%†	0%†
TANF	1%	2%	2%	1%	1%	1%	1%	1%	1%	0%†	1%
State government	12%	12%	12%	12%	10%	10%	9%	10%	10%	10%	10%
Local government	9%	9%	8%	7%	7%	7%	7%	7%	6%	6%	5%
BPHC	1%	1%	1%	0%†	0%†	0%†	0%†	1%	1%	1%	1%
Other	6%	6%	6%	6%	7%	7%	8%	7%	7%	8%	9%
Subtotal	33%	34%	33%	31%	30%	29%	28%	29%	27%	26%	27%
Total Revenue	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

BPHC=Bureau of Primary Health Care. **CHIP**=Children's Health Insurance Program. **MCH**=Maternal and Child Health. **SS**=Social Services. **TANF**=Temporary Assistance for Needy Families.

Note: Due to rounding, percentages in each year may not sum to 100%.

† Percentage is less than 0.5%.

Exhibit A-14c. Amount (unadjusted) and distribution of Title X project revenue, by revenue source and year: 2006–2016

Note: Medicaid revenue includes separately reported Children's Health Insurance Program (CHIP) revenue. The Other revenue category includes revenue from the Bureau of Primary Health Care and other federal grants; other public and private third parties; block grants; Temporary Assistance for Needy Families revenue; and revenue reported as Other in the FPAR revenue table. Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories (e.g., Medicaid plus CHIP) may not match the sum of the individual percentages that are included in the aggregated categories.

Appendix B

State Exhibits

Exhibit B-1. Number and distribution of all family planning users, by sex and state, and distribution of all users, by state: 2016 (Source: FPAR Table 1)

State	Female	Male	Total	Female	Male	State Users as % of All Users
Alabama	85,462	639	86,101	99%	1%	2%
Alaska	7,281	1,327	8,608	85%	15%	0%†
Arizona	30,618	6,647	37,265	82%	18%	1%
Arkansas	46,842	235	47,077	100%	0%†	1%
California	905,949	123,971	1,029,920	88%	12%	26%
Colorado	41,684	7,479	49,163	85%	15%	1%
Connecticut	34,618	5,831	40,449	86%	14%	1%
Delaware	14,998	3,826	18,824	80%	20%	0%†
District of Columbia	37,651	14,145	51,796	73%	27%	1%
Florida	118,757	2,205	120,962	98%	2%	3%
Georgia	90,697	36,371	127,068	71%	29%	3%
Hawaii	12,688	647	13,335	95%	5%	0%†
Idaho	10,609	649	11,258	94%	6%	0%†
Illinois	100,262	9,896	110,158	91%	9%	3%
Indiana	24,930	2,124	27,054	92%	8%	1%
Iowa	34,738	2,869	37,607	92%	8%	1%
Kansas	24,570	2,136	26,706	92%	8%	1%
Kentucky	47,107	8,070	55,177	85%	15%	1%
Louisiana	40,864	11,718	52,582	78%	22%	1%
Maine	18,295	3,616	21,911	83%	17%	1%
Maryland	64,004	7,819	71,823	89%	11%	2%
Massachusetts	57,024	9,048	66,072	86%	14%	2%
Michigan	60,542	5,647	66,189	91%	9%	2%
Minnesota	47,494	8,906	56,400	84%	16%	1%
Mississippi	35,379	270	35,649	99%	1%	1%
Missouri	40,520	3,120	43,640	93%	7%	1%
Montana	17,470	2,535	20,005	87%	13%	0%†
Nebraska	24,397	3,557	27,954	87%	13%	1%
Nevada	10,604	590	11,194	95%	5%	0%†
New Hampshire	16,107	2,217	18,324	88%	12%	0%†
New Jersey	90,302	9,874	100,176	90%	10%	2%
New Mexico	14,826	2,426	17,252	86%	14%	0%†
New York	276,113	29,957	306,070	90%	10%	8%

† Percentage is less than 0.5%.

(continued)

Exhibit B-1. Number and distribution of all family planning users, by sex and state, and distribution of all users, by state: 2016 (Source: FPAR Table 1) (continued)

State	Female	Male	Total	Female	Male	State Users as % of All Users
North Carolina	88,681	1,479	90,160	98%	2%	2%
North Dakota	6,420	1,219	7,639	84%	16%	0%†
Ohio	79,062	14,664	93,726	84%	16%	2%
Oklahoma	49,359	721	50,080	99%	1%	1%
Oregon	45,555	4,868	50,423	90%	10%	1%
Pennsylvania	174,924	23,901	198,825	88%	12%	5%
Rhode Island	22,061	4,758	26,819	82%	18%	1%
South Carolina	64,740	14,419	79,159	82%	18%	2%
South Dakota	4,946	382	5,328	93%	7%	0%†
Tennessee	74,922	545	75,467	99%	1%	2%
Texas	150,340	17,602	167,942	90%	10%	4%
Utah	27,273	7,155	34,428	79%	21%	1%
Vermont	8,701	1,107	9,808	89%	11%	0%†
Virginia	52,519	4,831	57,350	92%	8%	1%
Washington	84,552	5,616	90,168	94%	6%	2%
West Virginia	66,503	12,464	78,967	84%	16%	2%
Wisconsin	31,668	5,346	37,014	86%	14%	1%
Wyoming	6,491	967	7,458	87%	13%	0%†
Territories & FAS						
American Samoa	1,466	23	1,489	98%	2%	0%†
Comm. of the Northern Mariana Islands	1,099	18	1,117	98%	2%	0%†
Federated States of Micronesia	4,186	1,097	5,283	79%	21%	0%†
Guam	383	20	403	95%	5%	0%†
Puerto Rico	18,306	676	18,982	96%	4%	0%†
Republic of the Marshall Islands	1,936	19	1,955	99%	1%	0%†
Republic of Palau	846	29	875	97%	3%	0%†
U.S. Virgin Islands	2,677	241	2,918	92%	8%	0%†
Total All Users	3,553,018	454,534	4,007,552	89%	11%	100%
Range				71%–100%	0%†–29%	0%†–26%

FAS=Freely Associated States.

† Percentage is less than 0.5%.

Exhibit B-2. Number and distribution of all family planning users, by user income level and state: 2016 (Source: FPAR Table 4)

State	Under 101%	101% to 250%	Over 250%	UK/NR	Total	Under 101%	101% to 250%	Over 250%	UK/NR
Alabama	63,338	20,504	1,435	824	86,101	74%	24%	2%	1%
Alaska	4,430	2,826	1,132	220	8,608	51%	33%	13%	3%
Arizona	26,436	7,743	2,581	505	37,265	71%	21%	7%	1%
Arkansas	37,115	9,082	880	0	47,077	79%	19%	2%	0%
California	677,521	256,473	60,504	35,422	1,029,920	66%	25%	6%	3%
Colorado	37,811	9,412	1,940	0	49,163	77%	19%	4%	0%
Connecticut	15,985	18,604	5,381	479	40,449	40%	46%	13%	1%
Delaware	11,248	3,206	659	3,711	18,824	60%	17%	4%	20%
District of Columbia	30,976	11,282	2,222	7,316	51,796	60%	22%	4%	14%
Florida	67,074	23,433	27,314	3,141	120,962	55%	19%	23%	3%
Georgia	77,139	18,323	6,990	24,616	127,068	61%	14%	6%	19%
Hawaii	10,068	2,182	779	306	13,335	76%	16%	6%	2%
Idaho	6,774	3,826	640	18	11,258	60%	34%	6%	0%†
Illinois	77,397	20,388	9,320	3,053	110,158	70%	19%	8%	3%
Indiana	17,920	7,901	1,233	0	27,054	66%	29%	5%	0%
Iowa	26,308	6,322	3,770	1,207	37,607	70%	17%	10%	3%
Kansas	16,219	8,108	1,610	769	26,706	61%	30%	6%	3%
Kentucky	41,845	8,137	3,218	1,977	55,177	76%	15%	6%	4%
Louisiana	38,970	9,673	1,846	2,093	52,582	74%	18%	4%	4%
Maine	8,061	9,083	3,597	1,170	21,911	37%	41%	16%	5%
Maryland	56,446	8,304	1,493	5,580	71,823	79%	12%	2%	8%
Massachusetts	39,446	20,278	4,657	1,691	66,072	60%	31%	7%	3%
Michigan	38,939	20,714	6,494	42	66,189	59%	31%	10%	0%†
Minnesota	28,480	19,334	7,751	835	56,400	50%	34%	14%	1%
Mississippi	30,163	4,248	1,238	0	35,649	85%	12%	3%	0%
Missouri	25,709	13,417	4,514	0	43,640	59%	31%	10%	0%
Montana	9,057	5,904	1,809	3,235	20,005	45%	30%	9%	16%
Nebraska	15,510	7,123	2,557	2,764	27,954	55%	25%	9%	10%
Nevada	6,716	3,314	537	627	11,194	60%	30%	5%	6%
New Hampshire	8,669	5,729	2,070	1,856	18,324	47%	31%	11%	10%
New Jersey	48,693	46,489	4,660	334	100,176	49%	46%	5%	0%†
New Mexico	12,070	4,603	304	275	17,252	70%	27%	2%	2%
New York	187,804	67,737	42,633	7,896	306,070	61%	22%	14%	3%

UK/NR=unknown or not reported.

(continued)

† Percentage is less than 0.5%.

Exhibit B-2. Number and distribution of all family planning users, by user income level and state: 2016 (Source: FPAR Table 4) (continued)

State	Under 101%	101% to 250%	Over 250%	UK/NR	Total	Under 101%	101% to 250%	Over 250%	UK/NR
North Carolina	58,887	20,310	7,604	3,359	90,160	65%	23%	8%	4%
North Dakota	2,741	2,722	1,985	191	7,639	36%	36%	26%	3%
Ohio	51,263	26,441	13,271	2,751	93,726	55%	28%	14%	3%
Oklahoma	35,340	12,819	1,036	885	50,080	71%	26%	2%	2%
Oregon	34,379	13,553	2,241	250	50,423	68%	27%	4%	0%†
Pennsylvania	120,423	51,608	21,996	4,798	198,825	61%	26%	11%	2%
Rhode Island	12,652	3,955	1,936	8,276	26,819	47%	15%	7%	31%
South Carolina	61,384	15,897	1,878	0	79,159	78%	20%	2%	0%
South Dakota	3,287	1,435	544	62	5,328	62%	27%	10%	1%
Tennessee	58,113	13,492	3,470	392	75,467	77%	18%	5%	1%
Texas	130,172	26,361	4,893	6,516	167,942	78%	16%	3%	4%
Utah	24,157	8,343	1,928	0	34,428	70%	24%	6%	0%
Vermont	4,283	3,091	1,340	1,094	9,808	44%	32%	14%	11%
Virginia	36,735	14,106	2,143	4,366	57,350	64%	25%	4%	8%
Washington	50,411	28,672	8,896	2,189	90,168	56%	32%	10%	2%
West Virginia	30,420	12,856	515	35,176	78,967	39%	16%	1%	45%
Wisconsin	22,425	11,255	3,064	270	37,014	61%	30%	8%	1%
Wyoming	4,300	2,313	845	0	7,458	58%	31%	11%	0%
Territories & FAS									
American Samoa	1,485	0	4	0	1,489	100%	0%	0%†	0%
Comm. of the Northern Mariana Islands	1,045	48	4	20	1,117	94%	4%	0%†	2%
Federated States of Micronesia	0	0	0	5,283	5,283	0%	0%	0%	100%
Guam	391	10	1	1	403	97%	2%	0%†	0%†
Puerto Rico	14,889	3,330	608	155	18,982	78%	18%	3%	1%
Republic of the Marshall Islands	1,945	1	0	9	1,955	99%	0%†	0%	0%†
Republic of Palau	840	35	0	0	875	96%	4%	0%	0%
U.S. Virgin Islands	2,688	212	18	0	2,918	92%	7%	1%	0%
Total All Users	2,564,992	956,567	297,988	188,005	4,007,552	64%	24%	7%	5%
Range						0%–100%	0%–46%	0%–26%	0%–100%

UK/NR=unknown or not reported. FAS=Freely Associated States.

Note: Due to rounding, the percentages may not sum to 100%. Title X-funded agencies report user income as a percentage of poverty based on guidelines issued by the U.S. Department of Health and Human Services (HHS). Each year, HHS announces updates to its poverty guidelines in the *Federal Register* and on the HHS Website at <https://aspe.hhs.gov/poverty-guidelines/>.

† Percentage is less than 0.5%.

Exhibit B-3a. Number and distribution of all family planning users, by insurance status and state: 2016
(Source: FPAR Table 5)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
Alabama	21,783	11,474	52,689	155	86,101	25%	13%	61%	0%†
Alaska	1,927	3,828	2,831	22	8,608	22%	44%	33%	0%†
Arizona	4,888	7,471	24,895	11	37,265	13%	20%	67%	0%†
Arkansas	17,367	16,207	13,503	0	47,077	37%	34%	29%	0%
California	424,737	61,495	543,224	464	1,029,920	41%	6%	53%	0%†
Colorado	17,336	6,664	22,520	2,643	49,163	35%	14%	46%	5%
Connecticut	18,229	12,870	8,858	492	40,449	45%	32%	22%	1%
Delaware	6,263	4,961	6,497	1,103	18,824	33%	26%	35%	6%
District of Columbia	40,321	4,459	6,930	86	51,796	78%	9%	13%	0%†
Florida	47,694	35,028	35,298	2,942	120,962	39%	29%	29%	2%
Georgia	37,305	37,717	51,914	132	127,068	29%	30%	41%	0%†
Hawaii	5,663	2,834	3,978	860	13,335	42%	21%	30%	6%
Idaho	1,098	3,018	6,877	265	11,258	10%	27%	61%	2%
Illinois	42,922	29,256	37,193	787	110,158	39%	27%	34%	1%
Indiana	5,706	4,774	16,452	122	27,054	21%	18%	61%	0%†
Iowa	14,137	14,744	8,316	410	37,607	38%	39%	22%	1%
Kansas	3,357	5,274	18,010	65	26,706	13%	20%	67%	0%†
Kentucky	25,882	7,304	19,736	2,255	55,177	47%	13%	36%	4%
Louisiana	26,050	6,342	20,181	9	52,582	50%	12%	38%	0%†
Maine	4,881	10,432	6,591	7	21,911	22%	48%	30%	0%†
Maryland	27,032	15,783	25,226	3,782	71,823	38%	22%	35%	5%
Massachusetts	38,033	15,835	11,479	725	66,072	58%	24%	17%	1%
Michigan	23,482	15,155	27,373	179	66,189	35%	23%	41%	0%†
Minnesota	12,570	21,456	21,309	1,065	56,400	22%	38%	38%	2%
Mississippi	16,270	4,816	14,563	0	35,649	46%	14%	41%	0%
Missouri	10,642	12,197	20,801	0	43,640	24%	28%	48%	0%
Montana	3,725	9,031	6,913	336	20,005	19%	45%	35%	2%
Nebraska	3,480	7,907	16,445	122	27,954	12%	28%	59%	0%†
Nevada	2,733	1,336	7,107	18	11,194	24%	12%	63%	0%†
New Hampshire	4,582	8,203	5,412	127	18,324	25%	45%	30%	1%
New Jersey	37,660	14,122	48,378	16	100,176	38%	14%	48%	0%†
New Mexico	5,492	1,556	10,201	3	17,252	32%	9%	59%	0%†
New York	149,588	47,716	92,643	16,123	306,070	49%	16%	30%	5%

UK/NR=unknown or not reported.

(continued)

† Percentage is less than 0.5%.

Exhibit B-3a. Number and distribution of all family planning users, by insurance status and state: 2016
(Source: FPAR Table 5) (continued)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
North Carolina	24,485	7,395	57,200	1,080	90,160	27%	8%	63%	1%
North Dakota	508	4,148	2,821	162	7,639	7%	54%	37%	2%
Ohio	38,048	23,799	31,379	500	93,726	41%	25%	33%	1%
Oklahoma	10,142	8,285	31,653	0	50,080	20%	17%	63%	0%
Oregon	17,321	8,400	23,322	1,380	50,423	34%	17%	46%	3%
Pennsylvania	91,450	53,395	49,780	4,200	198,825	46%	27%	25%	2%
Rhode Island	15,885	6,839	3,980	115	26,819	59%	26%	15%	0%†
South Carolina	33,753	20,729	24,677	0	79,159	43%	26%	31%	0%
South Dakota	329	2,874	2,052	73	5,328	6%	54%	39%	1%
Tennessee	28,925	8,841	37,599	102	75,467	38%	12%	50%	0%†
Texas	23,080	14,542	128,146	2,174	167,942	14%	9%	76%	1%
Utah	1,167	8,855	24,406	0	34,428	3%	26%	71%	0%
Vermont	3,430	4,213	2,165	0	9,808	35%	43%	22%	0%
Virginia	9,291	8,583	39,221	255	57,350	16%	15%	68%	0%†
Washington	39,253	32,323	17,720	872	90,168	44%	36%	20%	1%
West Virginia	23,516	27,233	19,466	8,752	78,967	30%	34%	25%	11%
Wisconsin	22,194	5,051	9,769	0	37,014	60%	14%	26%	0%
Wyoming	583	2,390	4,382	103	7,458	8%	32%	59%	1%
Territories & FAS									
American Samoa	0	0	1,489	0	1,489	0%	0%	100%	0%
Comm. of the Northern Mariana Islands	597	149	357	14	1,117	53%	13%	32%	1%
Federated States of Micronesia	121	273	4,889	0	5,283	2%	5%	93%	0%
Guam	41	12	349	1	403	10%	3%	87%	0%†
Puerto Rico	10,675	5,231	3,022	54	18,982	56%	28%	16%	0%†
Republic of the Marshall Islands	0	0	1,955	0	1,955	0%	0%	100%	0%
Republic of Palau	859	2	14	0	875	98%	0%†	2%	0%
U.S. Virgin Islands	1,184	263	1,332	139	2,918	41%	9%	46%	5%
Total Users	1,499,672	715,090	1,737,488	55,302	4,007,552	37%	18%	43%	1%
Range						0%–98%	0%–54%	2%–100%	0%–11%

UK/NR=unknown or not reported. FAS=Freely Associated States.

Note: Due to rounding, the percentages may not sum to 100%.

† Percentage is less than 0.5%.

Exhibit B-3b. Number and distribution of all family planning users in the 50 states and District of Columbia, by insurance status and state according to the states' Medicaid expansion status: 2016 (Source: FPAR Table 5)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
Expansion States									
Alaska	1,927	3,828	2,831	22	8,608	22%	44%	33%	0%†
Arizona ^a	4,888	7,471	24,895	11	37,265	13%	20%	67%	0%†
Arkansas ^a	17,367	16,207	13,503	0	47,077	37%	34%	29%	0%
California	424,737	61,495	543,224	464	1,029,920	41%	6%	53%	0%†
Colorado	17,336	6,664	22,520	2,643	49,163	35%	14%	46%	5%
Connecticut	18,229	12,870	8,858	492	40,449	45%	32%	22%	1%
Delaware	6,263	4,961	6,497	1,103	18,824	33%	26%	35%	6%
District of Columbia	40,321	4,459	6,930	86	51,796	78%	9%	13%	0%†
Hawaii	5,663	2,834	3,978	860	13,335	42%	21%	30%	6%
Illinois	42,922	29,256	37,193	787	110,158	39%	27%	34%	1%
Indiana ^a	5,706	4,774	16,452	122	27,054	21%	18%	61%	0%†
Iowa ^a	14,137	14,744	8,316	410	37,607	38%	39%	22%	1%
Kentucky	25,882	7,304	19,736	2,255	55,177	47%	13%	36%	4%
Louisiana ^b	26,050	6,342	20,181	9	52,582	50%	12%	38%	0%†
Maryland	27,032	15,783	25,226	3,782	71,823	38%	22%	35%	5%
Massachusetts	38,033	15,835	11,479	725	66,072	58%	24%	17%	1%
Michigan ^a	23,482	15,155	27,373	179	66,189	35%	23%	41%	0%†
Minnesota	12,570	21,456	21,309	1,065	56,400	22%	38%	38%	2%
Montana ^a	3,725	9,031	6,913	336	20,005	19%	45%	35%	2%
Nevada	2,733	1,336	7,107	18	11,194	24%	12%	63%	0%†
New Hampshire ^a	4,582	8,203	5,412	127	18,324	25%	45%	30%	1%
New Jersey	37,660	14,122	48,378	16	100,176	38%	14%	48%	0%†
New Mexico	5,492	1,556	10,201	3	17,252	32%	9%	59%	0%†
New York	149,588	47,716	92,643	16,123	306,070	49%	16%	30%	5%
North Dakota	508	4,148	2,821	162	7,639	7%	54%	37%	2%
Ohio	38,048	23,799	31,379	500	93,726	41%	25%	33%	1%
Oregon	17,321	8,400	23,322	1,380	50,423	34%	17%	46%	3%
Pennsylvania	91,450	53,395	49,780	4,200	198,825	46%	27%	25%	2%
Rhode Island	15,885	6,839	3,980	115	26,819	59%	26%	15%	0%†
Vermont	3,430	4,213	2,165	0	9,808	35%	43%	22%	0%
Washington	39,253	32,323	17,720	872	90,168	44%	36%	20%	1%
West Virginia	23,516	27,233	19,466	8,752	78,967	30%	34%	25%	11%
Expansion States									
Subtotal	1,185,736	493,752	1,141,788	47,619	2,868,895	41%	17%	40%	2%
Range						7%–78%	6%–54%	13%–67%	0%–11%

UK/NR=unknown or not reported.

(continued)

^a Arizona, Arkansas, Indiana, Iowa, Michigan, Montana, and New Hampshire have approved Section 1115 waivers.

^b The Medicaid expansion became effective in Louisiana on July 1, 2016.

† Percentage is less than 0.5%.

Exhibit B-3b. Number and distribution of all family planning users in the 50 states and District of Columbia, by insurance status and state according to the states' Medicaid expansion status: 2016 (Source: FPAR Table 5) (continued)

State	Public	Private	Uninsured	UK/NR	Total	Public	Private	Uninsured	UK/NR
Nonexpansion States									
Alabama	21,783	11,474	52,689	155	86,101	25%	13%	61%	0%†
Florida	47,694	35,028	35,298	2,942	120,962	39%	29%	29%	2%
Georgia	37,305	37,717	51,914	132	127,068	29%	30%	41%	0%†
Idaho	1,098	3,018	6,877	265	11,258	10%	27%	61%	2%
Kansas	3,357	5,274	18,010	65	26,706	13%	20%	67%	0%†
Maine	4,881	10,432	6,591	7	21,911	22%	48%	30%	0%†
Mississippi	16,270	4,816	14,563	0	35,649	46%	14%	41%	0%
Missouri	10,642	12,197	20,801	0	43,640	24%	28%	48%	0%
Nebraska	3,480	7,907	16,445	122	27,954	12%	28%	59%	0%†
North Carolina	24,485	7,395	57,200	1,080	90,160	27%	8%	63%	1%
Oklahoma	10,142	8,285	31,653	0	50,080	20%	17%	63%	0%
South Carolina	33,753	20,729	24,677	0	79,159	43%	26%	31%	0%
South Dakota	329	2,874	2,052	73	5,328	6%	54%	39%	1%
Tennessee	28,925	8,841	37,599	102	75,467	38%	12%	50%	0%†
Texas	23,080	14,542	128,146	2,174	167,942	14%	9%	76%	1%
Utah	1,167	8,855	24,406	0	34,428	3%	26%	71%	0%
Virginia	9,291	8,583	39,221	255	57,350	16%	15%	68%	0%†
Wisconsin	22,194	5,051	9,769	0	37,014	60%	14%	26%	0%
Wyoming	583	2,390	4,382	103	7,458	8%	32%	59%	1%
Nonexpansion States									
Subtotal	300,459	215,408	582,293	7,475	1,105,635	27%	19%	53%	1%
Range						3%–60%	8%–54%	26%–76%	0%–2%
All States									
Total	1,486,195	709,160	1,724,081	55,094	3,974,530	37%	18%	43%	1%
Range						3%–78%	6%–54%	13%–76%	0%–11%

UK/NR=unknown or not reported.

Note: Due to rounding, the percentages may not sum to 100%. The exhibit excludes the eight U.S. Territories and Freely Associated States.

† Percentage is less than 0.5%.

Exhibit B-4. Number and distribution of female family planning users at risk of unintended pregnancy,^a by level of effectiveness of the primary method used or adopted at exit from the encounter and state: 2016 (Source: FPAR Table 7)

State	Most Effective Permanent Methods ^b	Most Effective Reversible Methods ^b	Moderately Effective Methods ^c	Less Effective Methods ^d	Total At Risk ^a	Most Effective Methods ^b	Moderately Effective Methods ^c	Less Effective Methods ^d
Alabama	10	4,278	50,976	13,687	71,622	6%	71%	19%
Alaska	165	1,900	2,995	956	6,438	32%	47%	15%
Arizona	271	4,740	16,307	4,361	27,434	18%	59%	16%
Arkansas	2,320	5,226	23,933	5,397	40,975	18%	58%	13%
California	20,092	151,275	369,741	236,555	814,041	21%	45%	29%
Colorado	624	12,229	16,914	4,527	36,878	35%	46%	12%
Connecticut	1,358	5,834	15,141	6,770	32,321	22%	47%	21%
Delaware	275	2,136	4,440	2,562	14,090	17%	32%	18%
District of Columbia	857	5,188	9,554	1,516	32,084	19%	30%	5%
Florida	1,359	11,177	60,421	12,612	96,974	13%	62%	13%
Georgia	9,500	10,261	20,334	15,631	72,730	27%	28%	21%
Hawaii	435	2,136	4,814	1,222	10,377	25%	46%	12%
Idaho	400	1,469	6,290	943	9,306	20%	68%	10%
Illinois	2,443	14,537	46,542	14,527	88,336	19%	53%	16%
Indiana	301	1,970	16,563	2,786	23,593	10%	70%	12%
Iowa	1,213	6,018	18,688	3,952	32,323	22%	58%	12%
Kansas	1,083	1,727	15,175	2,130	21,837	13%	69%	10%
Kentucky	1,765	2,624	19,775	15,459	41,912	10%	47%	37%
Louisiana	2,513	4,435	21,282	5,176	35,325	20%	60%	15%
Maine	800	4,172	8,359	1,841	16,355	30%	51%	11%
Maryland	1,430	10,880	27,464	12,556	57,306	21%	48%	22%
Massachusetts	1,161	10,321	20,774	10,387	49,660	23%	42%	21%
Michigan	695	6,337	38,840	7,260	54,658	13%	71%	13%
Minnesota	561	8,908	25,844	6,778	44,306	21%	58%	15%
Mississippi	1,032	1,616	27,067	3,249	32,964	8%	82%	10%
Missouri	1,760	4,200	22,837	4,561	34,728	17%	66%	13%
Montana	575	2,573	10,295	2,272	16,269	19%	63%	14%
Nebraska	1,833	4,924	8,232	4,257	21,814	31%	38%	20%
Nevada	268	1,886	5,950	946	9,373	23%	63%	10%
New Hampshire	860	3,379	7,360	1,453	13,980	30%	53%	10%
New Jersey	1,455	8,606	44,241	19,396	79,237	13%	56%	24%
New Mexico	7	4,017	5,587	2,923	13,093	31%	43%	22%
New York	6,503	49,332	112,053	50,299	241,035	23%	46%	21%

(continued)

Exhibit B-4. Number and distribution of female family planning users at risk of unintended pregnancy,^a by level of effectiveness of the primary method used or adopted at exit from the encounter and state: 2016 (continued)

State	Most Effective Permanent Methods ^b	Most Effective Reversible Methods ^b	Moderately Effective Methods ^c	Less Effective Methods ^d	Total At Risk ^a	Most Effective Methods ^b	Moderately Effective Methods ^c	Less Effective Methods ^d
North Carolina	566	11,998	47,355	14,118	82,613	15%	57%	17%
North Dakota	234	642	4,289	611	5,987	15%	72%	10%
Ohio	3,499	9,310	37,100	10,129	69,025	19%	54%	15%
Oklahoma	376	6,244	26,818	4,536	40,614	16%	66%	11%
Oregon	1,311	10,090	22,267	4,937	40,086	28%	56%	12%
Pennsylvania	6,190	16,056	63,380	43,752	159,935	14%	40%	27%
Rhode Island	2,355	3,200	6,460	3,478	16,378	34%	39%	21%
South Carolina	1,298	7,146	35,019	12,056	55,519	15%	63%	22%
South Dakota	61	347	3,926	287	4,725	9%	83%	6%
Tennessee	277	7,533	33,629	7,567	52,190	15%	64%	14%
Texas	6,173	17,660	54,753	34,458	135,084	18%	41%	26%
Utah	307	5,753	15,534	2,905	24,649	25%	63%	12%
Vermont	220	2,170	4,185	698	7,865	30%	53%	9%
Virginia	1,022	5,797	31,603	9,914	50,696	13%	62%	20%
Washington	1,091	13,693	50,508	7,981	75,635	20%	67%	11%
West Virginia	2,044	2,998	18,620	3,261	63,377	8%	29%	5%
Wisconsin	712	4,574	15,580	5,966	28,651	18%	54%	21%
Wyoming	278	609	3,972	949	6,092	15%	65%	16%
Territories & FAS								
American Samoa	25	59	849	374	1,399	6%	61%	27%
Comm. of the Northern Mariana Islands	1	316	641	50	1,030	31%	62%	5%
Federated States of Micronesia	40	597	1,510	1,308	3,561	18%	42%	37%
Guam	0	1	211	19	239	0%†	88%	8%
Puerto Rico	84	445	13,266	4,309	18,181	3%	73%	24%
Republic of the Marshall Islands	48	261	898	216	1,928	16%	47%	11%
Republic of Palau	2	45	707	64	819	6%	86%	8%
U.S. Virgin Islands	152	98	989	964	2,558	10%	39%	38%
Total Users	94,290	497,953	1,598,857	653,854	3,142,210	19%	51%	21%
Range						0%†–35%	28%–88%	5%–38%

FAS=Freely Associated States.

Note: Percentages (row) do not sum to 100% because the table does not show the percentages for female users whose method is unknown/not reported. Because of combined FPAR reporting categories (e.g., FAM and LAM, diaphragm and cervical cap, or withdrawal and other), the FPAR data may vary slightly from the method-effectiveness categories described in the Table 7 comments in the *Field and Methodological Notes (Appendix C)*.

^a Female users at risk of unintended pregnancy exclude users who are pregnant, seeking pregnancy, or abstinent.

^b **Most effective permanent methods** include female sterilization and vasectomy (male sterilization). **Most effective reversible methods** include implants and intrauterine devices/systems.

^c **Moderately effective methods** include injectable contraception, vaginal ring, contraceptive patch, pills, and diaphragm or cervical cap.

^d **Less effective methods** include male condoms, female condoms, the sponge, withdrawal, fertility-based awareness or lactational amenorrhea methods, and spermicides.

† Percentage is less than 0.5%.

Exhibit B-5. Number and percentage of female family planning users under 25 years who were tested for chlamydia, by state: 2016 (Source: FPAR Table 11)

State	Female Users Under 25 Years Tested for Chlamydia	Female Users Under 25 Years	% of Female Users Under 25 Years Tested for Chlamydia
Alabama	32,744	42,669	77%
Alaska	2,601	3,440	76%
Arizona	11,088	14,266	78%
Arkansas	15,582	21,774	72%
California	292,220	402,644	73%
Colorado	13,341	20,555	65%
Connecticut	8,125	14,413	56%
Delaware	3,815	7,456	51%
District of Columbia	8,722	13,384	65%
Florida	21,457	48,084	45%
Georgia	11,401	30,453	37%
Hawaii	3,010	5,417	56%
Idaho	2,324	4,746	49%
Illinois	20,396	43,954	46%
Indiana	6,565	10,344	63%
Iowa	11,019	16,856	65%
Kansas	4,532	9,729	47%
Kentucky	8,755	21,156	41%
Louisiana	12,912	17,263	75%
Maine	4,963	8,490	58%
Maryland	11,782	25,631	46%
Massachusetts	14,587	24,991	58%
Michigan	18,193	30,470	60%
Minnesota	17,590	25,757	68%
Mississippi	10,824	18,382	59%
Missouri	10,126	19,939	51%
Montana	5,781	9,575	60%
Nebraska	6,830	9,196	74%
Nevada	3,009	3,878	78%
New Hampshire	3,770	7,023	54%
New Jersey	19,758	33,564	59%
New Mexico	4,580	7,483	61%
New York	72,519	115,853	63%

(continued)

Exhibit B-5. Number and percentage of female family planning users under 25 years who were tested for chlamydia, by state: 2016 (Source: FPAR Table 11) (continued)

State	Female Users Under 25 Years Tested for Chlamydia	Female Users Under 25 Years	% of Female Users Under 25 Years Tested for Chlamydia
North Carolina	19,271	34,019	57%
North Dakota	1,882	3,102	61%
Ohio	24,867	38,420	65%
Oklahoma	16,266	26,679	61%
Oregon	10,639	20,277	52%
Pennsylvania	39,253	80,575	49%
Rhode Island	3,854	9,407	41%
South Carolina	21,434	29,457	73%
South Dakota	1,551	2,868	54%
Tennessee	27,290	36,158	75%
Texas	24,827	55,374	45%
Utah	8,847	16,137	55%
Vermont	2,748	4,230	65%
Virginia	7,446	19,464	38%
Washington	27,745	43,897	63%
West Virginia	6,052	25,889	23%
Wisconsin	10,008	16,185	62%
Wyoming	1,647	3,314	50%
Territories & FAS			
American Samoa	32	489	7%
Comm. of the Northern Mariana Islands	134	542	25%
Federated States of Micronesia	57	1,651	3%
Guam	79	188	42%
Puerto Rico	1,599	8,679	18%
Republic of the Marshall Islands	0	650	0%
Republic of Palau	89	302	29%
U.S. Virgin Islands	735	1,043	70%
Total Users	953,273	1,567,831	61%
Range			0%–78%

FAS=Freely Associated States.

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Appendix C

Field and Methodological Notes

INTRODUCTION

This appendix presents additional information about the 2016 FPAR, including issues RTI identified during data validation and relevant table-specific notes from grantees and Health and Human Services (HHS) Regional Project Officers. The notes are organized according to the FPAR reporting table to which they apply.

FPAR COVER SHEET: GRANTEE PROFILE

Subrecipients—Of the 89 grantees that were active in both 2015 and 2016, 61 reported no change in the number of subrecipients, 10 reported a decrease, and 18 reported an increase. Several grantees attributed the decrease in subrecipients to their withdrawal from Title X participation, agency mergers, an error in reporting the number of subrecipients in 2015, and agency closures.

Service Sites—Of the 89 grantees active in both 2015 and 2016, 39 reported no change in the number of service sites, 23 reported an increase, and 27 reported a decrease. Reasons given by several grantees for the change in number of sites included subrecipient additions and withdrawals and site closures or consolidations.

Reporting Period—Six grantees reported data for a reporting period that was less than 12 months; all others (N=85) reported data for the period from January 1, 2016, through December 31, 2016.

FPAR TABLE 1: USERS BY AGE AND SEX

Of the 89 grantees operating in both 2015 and 2016, 51 reported a decrease and 38 reported an increase in the number of family planning users.

- Reasons given by grantees for the **decrease in number of users** included reduced funding from Title X or other sources, site closures, site or subrecipient withdrawal from Title X participation, electronic health record (EHR) implementation or transition, staffing shortages (e.g., furlough, medical leave, military leave, and clinical services provider recruitment or retention), a reduced number of encounters because of adherence to screening guidelines or increased use of long-acting reversible contraception (LARC), increased ability of newly insured clients to seek care from other providers, delays and other challenges in executing contracts with new subrecipients and service sites, data transmission issues, data system issues, state-level policy affecting scope of practice of advanced practice registered nurses, inclement weather, changes in the demographics of the state, and increased use of Federally Qualified Health Centers that are not part of the Title X network for contraceptive care.
- Reasons given by grantees for the **increase in the number of users** to one or more of the following reasons: new online scheduling systems, increase in providers, the addition of new subrecipients, integration of family planning services with sexually

transmitted disease (STD) testing, increased or improved marketing efforts, increased outreach to males and teens, implementation of local initiative aimed at teen contraceptive use, expanded clinic hours, and improved data collection and reporting.

FPAR TABLE 2: FEMALE USERS BY ETHNICITY AND RACE

Female Hispanic or Latino users accounted for a disproportionate share of female users with an unknown race. Of the 16% of total female users for whom race was unknown or not reported in 2016, 74% self-identified as Hispanic or Latino.

- Reasons given by grantees for an **increase in or continued high percentage of female users with unknown race or ethnicity** included client confusion about or refusal to report race, loss of data during EHR implementation or transition, errors in the EHR system (e.g., reporting is optional or inclusion of an “Other” race category), inclusion of a “decline to state” response category, and staff failure to collect data.
- Reasons given by grantees for a **decrease in the percentage of female users with unknown race or ethnicity** included improvements in the collection, storage, and retrieval of race and ethnicity data.

FPAR TABLE 3: MALE USERS BY ETHNICITY AND RACE

Male Hispanic or Latino users accounted for a disproportionate share of male users with an unknown race. Of the 15% of total male users for whom race was unknown or not reported in 2016, 68% identified as Hispanic or Latino.

- Reasons given by grantees for an **increase in or continued high percentage of male users with unknown race or ethnicity** included client confusion about or refusal to report race, data-mapping issue, data transmission errors, subrecipient not collecting these data previously, EHR systems or data collection forms that allow clients to refuse to report race or ethnicity or to report “Other” race, difficulty with new or changing EHR system, workflow challenges transposing data from EHR to paper family planning encounter record, site utilization of a “decline to state” category, data entry errors, and staff failure to collect data.
- Reasons given for a **decrease in the percentage of male users with unknown race or ethnicity** included an improved workflow resulting in better capture of ethnicity and race data, corrected EHR programming, removal of “other” race from EHR, validation of EHR values, improved data collection, and staff training.

FPAR TABLE 4: USERS BY INCOME LEVEL

Unknown/not reported income status—Several grantees attributed the high or increased number of family planning users with unknown or not reported income to problems with data collection, including client (e.g., full-fee or insured clients) refusal to report income data, difficulty retrieving information from EHR systems, failure of sites to collect income data for

all or specific client subgroups (e.g., full-fee, insured, and teens), and system-related processing errors. Several other grantees attributed the decrease in number of family planning users with unknown or not reported income to improved workflow, improvements to data collection, implementation of alert in the EHR system to collect information, data quality monitoring, and staff training.

FPAR TABLE 5: USERS BY PRINCIPAL HEALTH INSURANCE COVERAGE STATUS

Of the 89 grantees operating in both 2015 and 2016, 63 reported an increase in the percentage of users with health insurance, 24 reported a decrease, and 2 reported no change.

- Reasons grantees gave for the **increase in the percentage of users with health insurance** included an increase in newly insured clients because of the Affordable Care Act (ACA) and ACA-related Medicaid expansion, onsite health insurance enrollment assistance, training to improve the collection of health insurance data, improved collection and reporting of insurance status data, changes in front desk workflow to collect both insurance status and payment source at the beginning of the visit, use of an EHR template to capture insurance status information, making the insurance status field in the EHR mandatory, and increased capacity and effort to bill private insurance.
- Reasons grantees gave for the **decrease in the percentage of users with health insurance** included an increase in the number of uninsured clients, loss of subrecipient that offered onsite enrollment assistance, and loss of insured clients to private providers.

Unknown/not reported health insurance status—Several grantees attributed the high or increased number of family planning users with unknown or not reported health insurance coverage status to incomplete data collection and submission, inadequate health insurance field in EHRs, problems extracting accurate data from EHRs, clients not wanting to report their insurance status for fear of denial of care or loss of confidentiality, and failure to collect or record health insurance status.

FPAR TABLE 6: USERS WITH LIMITED ENGLISH PROFICIENCY (LEP)

Of the 89 grantees operating in both 2015 and 2016, 47 reported an increase and 42 reported a decrease in the percentage of users who are LEP.

- Reasons given by grantees for the **decrease in percentage of users who are LEP** included changing demographic characteristics of clients (i.e., fewer LEP users) and improved data collection.
- Reasons given by grantees for the **increase in percentage of users who are LEP** included changing demographic characteristics of clients, improved data collection, better adherence to FPAR definitions, provision of technical assistance to subrecipients, and increased outreach to minority communities.

Unknown/not reported LEP status—Several grantees attributed the high or increased number of family planning users with unknown or not reported LEP status to data system limitations, including extracting LEP status data from EHRs.

FPAR TABLE 7: FEMALE USERS BY PRIMARY CONTRACEPTIVE METHOD

Primary method category definitions—Contraceptive methods are grouped into three categories—most, moderately, and less effective—based on the effectiveness of each method in preventing pregnancy under typical use conditions. These categories correspond to the three groups or tiers defined by Trussell (2011).¹⁰

Most effective contraceptives (Tier 1) refer to methods that result in less than 1% of women experiencing an unintended pregnancy during the first year of typical use. They include:

- Male sterilization/vasectomy, 0.15%
- Female sterilization, 0.5%
- Implant (Nexplanon/Implanon), 0.05%
- Intrauterine device (Mirena), 0.2%
- Intrauterine device (ParaGard), 0.8%

Moderately effective contraceptives (Tier 2) refer to methods that result in between 6% and 12% of women experiencing an unintended pregnancy during the first year of typical use. They include:

- Injectable (Depo-Provera), 6%
- Vaginal ring (NuvaRing), 9%
- Contraceptive patch (Evra), 9%
- Combined and progestin-only pills, 9%
- Diaphragm (with spermicidal cream/jelly), 12%

Less effective contraceptives (Tier 3) refer to methods that result in between 18% and 28% of women experiencing an unintended pregnancy during the first year of typical use. They include:

- Sponge, nulliparous women, 12%
- Male condom, 18%
- Female condom, 21%
- Withdrawal, 22%
- Sponge, parous women, 24%
- Fertility awareness-based method, 24%
- Spermicides, 28%

Because the FPAR combines some methods into a single reporting category (e.g., FAM or LAM, diaphragm or cervical cap), the methods in two of the three effectiveness categories may differ slightly from those listed above. We do not expect these differences to have an impact on the findings because so few users rely on the methods in these combined categories.

Hormonal injection users—Ten grantees in seven regions (I, II, III, IV, VI, VIII, and IX) reported a total of 840 female users who relied on 1-month hormonal injections as their primary method. One-month hormonal injection users accounted for 0.2% of the 519,841 hormonal injection users reported in 2016.

Sterilization among users under 20—No grantees reported female users under 20 relying on female sterilization as their primary contraceptive method.

Vasectomy among users under 18—Two grantees reported 12 female users under 18 relying on vasectomy as their primary contraceptive method. The grantees confirmed that these female users received noncoercion counseling.

Unknown/not reported primary contraceptive method—Several grantees attributed the high or increased number of female users with an unknown primary method to subrecipient data collection/system problems (e.g., data entry error or failure to record method), new subrecipients unfamiliar with required data collection/reporting, and staff turnover; workflow and delegation of method data entry to nonclinical staff who are leaving the field blank; EHR implementation, transition, modification, or design (e.g., drop-down menu, missing data field for “no method, other reason”); and failure to document primary method data for specific user subgroups (e.g., users relying on third-party payer source) or encounters (e.g., nonclinical). Grantees attributed the decrease in female users with an unknown primary method to improved data collection, including enhancements to their EHRs (e.g., automation of data submission process), subrecipient monitoring, and staff training.

FPAR TABLE 8: MALE USERS BY PRIMARY CONTRACEPTIVE METHOD

Primary method category definitions—See note for FPAR Table 7.

Sterilization among users under 20—No grantees reported male users under 20 relying on vasectomy as their primary contraceptive method.

Unknown/not reported primary contraceptive method—Several grantees attributed the high or increased number of male users with an unknown primary method to one or more of the following reasons: failure to record primary method for some, all, or certain subgroups of male users (e.g., adolescent males, insured clients, STD-only encounters, nonclinical encounters, outreach encounters, and encounters in nontraditional settings), failure to collect data for “no method, other reason” category, missing or poorly defined primary method field in EHR system, challenges transitioning to new EHR, staff turnover, and client refusal to discuss a method. Several other grantees attributed a decrease in the number of male users with an unknown primary method to improved data collection (e.g., alignment of primary method data fields [electronic or paper] with FPAR), ongoing monitoring, staff training, and technical assistance.

FPAR TABLE 9: CERVICAL CANCER SCREENING ACTIVITIES

Of the 89 grantees that submitted an FPAR in both 2015 and 2016, 61 reported a decrease in the percentage of female users who received a Pap test and 28 reported an increase.

- Reasons given by grantees for a **decrease in the percentage of females screened for cervical cancer** included adherence to cervical cancer screening guidelines, decreased opportunities to screen because of a decline in visits among some users (e.g., LARC use) or reduction in physical exams, and newly insured clients having greater options to obtain testing from other providers.
- Reasons given by grantees for an **increase in the percentage of females screened for cervical cancer** included improved data collection and reporting, increase in new patients who are in need of screening, marketing and outreach, underreporting in 2015, and inability to separate out Title X from non-Title X clients.

FPAR TABLE 10: CLINICAL BREAST EXAMS (CBEs) AND REFERRALS

CBEs—Of the 89 grantees that submitted an FPAR in both 2015 and 2016, 61 reported a decrease in the percentage of female users who received a CBE and 28 reported an increase.

- Reasons given by grantees for a **decrease in the percentage of females that received a CBE** included adherence to breast cancer screening guidelines, a decrease in the frequency of clients receiving other physical exams or tests during which a CBE might be performed (e.g., Pap tests or physical exam), referral of clients to their primary care practitioners for annual well-woman visits, improved data collection, and EHR-related issues (mapping and location of CBE reporting field).
- Reasons given by grantees for an **increase in the percentage of females that received a CBE** included adherence to protocols, improved data collection, health insurance coverage for the well-woman exam, and EHR-related underreporting of CBE data in 2015.

CBE-Related Referrals—Of the 89 grantees that submitted an FPAR in both 2015 and 2016, 51 reported an increase in the percentage of female users referred for further evaluation following a CBE, 37 reported a decrease, and 2 reported no change.

- Reasons given by grantees for a **decrease in the CBE-related referrals** included data collection errors, lack of a data field in the encounter record, referral of planning clients to primary care physicians for annual exams, and an EHR data-mapping problem.
- Reasons given by grantees for an **increase in the CBE-related referrals** included adherence to protocols, better documentation of referrals in EHRs, and participation in a breast health research project.

FPAR TABLE 11: USERS TESTED FOR CHLAMYDIA BY AGE AND SEX

Of the 89 grantees that submitted an FPAR in both 2015 and 2016, 53 reported an increase in the percentage of female users under 25 tested for chlamydia and 36 reported a decrease. In addition, 50 grantees reported an increase in the percentage of male users tested, 35 reported a decrease, and 2 reported no change.

- Reasons given for an **increase in chlamydia testing rate** included an increase in the number of service sites, high prevalence in the state area, improved data collection, staff training and increased awareness, increased adherence to screening guidelines, underreporting of chlamydia tests in 2015, use of opt-out testing, chlamydia-focused quality improvement initiative, local and statewide marketing, increased number of male users at risk for chlamydia, increased outreach to males in correctional facilities, and the addition of reproductive life plan counseling to male family planning encounters.
- Reasons given for a **decrease in chlamydia testing rate** included withdrawal of subrecipients and reduction in number of service sites, lack of funding to offer testing during hours more convenient to clients, move from “routine” to “risk-based” testing to qualify for state funding, decreased funding or loss of dedicated funding, difficulty extracting testing data from the EHR system, transition to new EHR systems, problems with the lab-EHR interface, lab unable to process specimens, failure to collect or report testing data, issues associated with coding tests, exclusion of STD-only visits, failure to adhere to screening guidelines, staff turnover, and client refusal to be tested because of lack of health insurance coverage for the test.

FPAR TABLE 12: GONORRHEA, SYPHILIS, AND HIV TESTING BY SEX

General STD Testing—Several grantees commented on reasons for the increase or decrease in STD testing activities without specifying the type of STD test.

- Reasons given for the **increase in STD testing** included improved data collection, state-level efforts to increase awareness and encourage STD/HIV testing; STD testing a focus of quality improvement efforts; an increase in users at high risk, including referral of users who are receiving treatment for substance use disorders; increased administration of reproductive life plan and sexual health risk assessment to male clients; improved integration of family planning and STD testing services; improved reporting; underreporting of 2015 STD test data; compliance with CDC testing guidelines; and STD management technical assistance to subrecipient agencies.
- Reasons given for the **decrease in STD testing** included better reporting, overreporting of 2015 data, and compliance with STD testing guidelines.

Gonorrhea Testing Rate—Of the 89 grantees that submitted an FPAR in both 2015 and 2016, 55 reported an increase and 34 reported a decrease in the number of gonorrhea tests per female user. In addition, 47 grantees reported an increase and 42 reported a decrease in the number of tests per male user.

- Reasons given by grantees for the **increase in gonorrhea testing** included higher gonorrhea prevalence, increased use of the combined chlamydia and gonorrhea test, increased number of users at high risk, including referral of users who are receiving treatment for substance use disorders, multisite testing (pharyngeal swab, urine testing, and anal swab), followup/retesting according to guidelines, opt-out testing of females <26 years, and testing conducted in nontraditional service sites.
- Reasons given by grantees for the **decrease in gonorrhea testing** included lower gonorrhea prevalence, compliance with testing guidelines, and lack of staff.

Syphilis Testing Rate—Of the 89 grantees that submitted an FPAR in both 2015 and 2016, 52 reported an increase and 37 reported a decrease in the number of gonorrhea tests per female user. In addition, 49 grantees reported an increase, 38 reported a decrease, and 2 reported no change in the number of tests per male user.

- Reasons given for the **increase in syphilis testing** included high prevalence or an outbreak in the service area, compliance with testing guidelines, focusing of efforts on high-risk males and females, repeat testing of pregnant women in high-prevalence settings, increased demand as a result of regional syphilis eradication campaign, and availability of rapid testing.
- Reasons given for the **decrease in syphilis testing** included lower syphilis prevalence, compliance with testing guidelines, and decreased staff.

Confidential HIV Testing Rate—Of the 89 grantees that submitted an FPAR in both 2015 and 2016, 58 grantees reported an increase, 30 reported a decrease, and 1 reported no change in the number of confidential HIV tests per female user. In addition, 53 grantees reported an increase, 33 reported a decrease, and 3 reported no change in the number of confidential HIV tests per male user.

- Reasons given by grantees for the **increase in confidential HIV testing** included increased funding, compliance with testing guidelines, implementation of opt-out testing, initial and repeat testing of high-risk clients, and availability of rapid testing kits.
- Reasons given by grantees for the **decrease in confidential HIV testing** included lower HIV prevalence, compliance with testing guidelines, decreased staffing, issues with the methodology for counting male family planning encounters that might underestimate STD testing activity, and incorrect mapping of HIV testing in agency EHRs.

Positive Confidential HIV Tests—Of the 89 grantees that submitted an FPAR in both 2015 and 2016, 29 reported an increase in the number of positive confidential HIV tests per 1,000 tests performed, 38 reported a decrease, and 22 reported no change (ratio was zero in both years).

- A reason cited by one grantee for the **increase in confidential HIV tests** was the implementation of HIV care team (e.g., HIV Peer Counselor, an HIV Navigator, and a full-time on-site Infectious Disease Specialist) in one subrecipient agency that may have increased their capacity to identify and reach out to HIV-positive clients for family planning services.

- One grantee attributed the **decrease in confidential HIV tests** to incorrect mapping of HIV testing results in the agency's EHR.

FPAR TABLE 13: FAMILY PLANNING ENCOUNTERS AND STAFFING

Clinical Services Provider (CSP) Full-Time Equivalent (FTE)—Of the 89 grantees that submitted an FPAR in both 2015 and 2016, 43 reported an increase in the total number of FTE CSPs delivering Title X-funded services, 36 reported a decrease, and 10 reported no change. Several grantees gave the following reasons for general changes in FTE levels:

- Reasons given for an **increase in CSP FTEs** included better understanding of what constitutes a family planning encounter and user, provision of training on CSP FTE calculations for service site staff, better accounting of family planning encounters paid for by a third-party payment source and the CSP FTEs associated with those encounters, elimination of staff vacancies and increased hiring, and the addition of new subrecipients and service sites (e.g., Federally Qualified Health Centers).
- Reasons given for a **decrease in CSP FTEs** included site closures, subrecipient withdrawal, staff retirement, difficulty retaining or recruiting staff, improved and standardized methodology for calculating FTEs, overreporting of FTEs in the 2015 FPAR, and responding to the decline in users.

Physician FTEs—33 grantees reported an increase in physician FTEs, 30 reported a decrease, and 26 reported no change. Reasons cited for the increase in physician FTEs included filling physician vacancies, increasing the level of effort in the provision of family planning services from existing staff, and collaboration with physician residency programs. One reason given for the decline in physician FTEs was recruitment difficulties.

Midlevel Clinician FTEs—44 grantees reported an increase in midlevel clinician FTEs, 35 reported a decrease, and 10 reported no change. In addition to the reasons cited above for the increase in CSP FTEs, several grantees noted increased hiring of midlevel CSPs and a shift in staffing composition from physician to midlevel FTEs.

Other CSP FTEs—9 grantees reported an increase in Other CSP FTEs, 10 reported a decrease, and 70 reported no change (includes 65 grantees that reported zero Other CSP FTEs in both years). In addition to the reasons cited above for the change in CSP FTE levels, several grantees cited additional reasons for changes in Other CSP FTE levels, including a clarification of the Other CSP category for reporting purposes.

Family Planning Encounters—Of the 89 grantees that submitted an FPAR in both 2015 and 2016, 55 grantees reported a decrease in the number of total encounters and 34 reported an increase. Several grantees gave the following reasons for the change in encounter numbers:

- Reasons given for the **increase in encounters** included better understanding of what constitutes a family planning encounter, increased number of clients, increased staffing and capacity to serve more clients, provision of integrated family planning services, and increased appointment availability.

- Reasons given for the **decrease in encounters** included a decline in users for unspecified reasons or related to increased options for care; loss of subrecipients and service sites; insufficient funding to maintain staffing and clinic hours that are most convenient for clients (i.e., evenings and weekends); onboarding or training requirements of new subrecipients, service sites, and staff; staff turnover and shortages; an increase in the number of LARC users who require fewer visits; adherence to national recommendations for cervical cancer screening that have reduced the need for any (under 21 years) or annual Pap testing (over 20 years) among clients. One grantee noted the possibility that newly insured users have more complex visits, thereby requiring more time.

FPAR TABLE 14: REVENUE REPORT

Total revenue (row 18)—All Regions—Of the 89 grantees that submitted an FPAR in both 2015 and 2016, 56 reported an increase in total revenue and 33 reported a decrease.

Title X revenue (row 1)—All Regions—Title X revenue includes 2016 cash receipts or drawdown amounts from all family planning service grants, including supplemental awards (e.g., HIV supplemental, integration, enrollment assistance, or ensuring access grants).

Medicaid revenue (row 3a)—All Regions—Medicaid revenue includes revenue from state Medicaid family planning eligibility expansions in 28 states in all 10 HHS regions. States with family planning eligibility expansions are the following:

- Region I—Connecticut, New Hampshire, and Rhode Island
- Region II—New York
- Region III—Maryland, Pennsylvania, and Virginia
- Region IV—Alabama, Florida, Georgia, Mississippi, North Carolina, and South Carolina
- Region V—Indiana, Michigan, Minnesota, Ohio, and Wisconsin
- Region VI—Louisiana, New Mexico, and Oklahoma
- Region VII—Iowa and Missouri
- Region VIII—Montana and Wyoming
- Region IX—California
- Region X—Oregon and Washington

Other revenue (rows 12 through 16)—All Regions—An illustrative list of “other” revenue sources reported in rows 12 through 16 includes the following: 340B Program; Adolescent Health Project; agency contribution; applicant; Ashland Parenting Plus; CDC (Infertility Prevention Program; Breast and Cervical Cancer Early Detection Program; Breast, Cervical, and Colon Health Program); Children’s National Health System Child Health Board; client contributions/donations; CMS Grant 93.610; Community Services Block Grant; consulting fees; contraceptive sales; corporate grants; cost-sharing; DC Campaign Teen Pregnancy

Prevention Fund; donations; Early Detection Works Program; earned and special funds; education/training fees; EHR Incentive Program/Meaningful Use; Every Woman Matters Program; Farmworker Program; Federal STD program funding; foundation grant; fundraising; grant in aid; Health Safety Net; Healthy Woman Program; Healthy Women/Healthy Babies Program; HIV/STD funds; HRSA Ryan White; insurance exchange; interest income; Kansas Set-Off Program; medical records fees; miscellaneous (e.g., other grants/revenue); New Hampshire Health Plan Market Place Assistance; non-Federal unrestricted funds; other Federal grants; Patient Centered Medical Home; Personal Responsibility Education Program (PREP); pharmacy revenue; Pregnancy Prevention Grant; Preventive Health and Health Services Block Grant; private foundation grants/funding/donations; rental income; research revenue; restricted gifts/contributions; revenue recovery; Special Family Planning Project; St. James Hospital PHO; State STD program funding; subrecipient contributions; tobacco settlement funds; travel stipend; travel/mileage reimbursement; UNFPA; United Way; University of Arizona; University of Chicago.

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